



## Bridges to Wellness Referral

**Fax to: 330-365-9221    Call or text: 330-340-0229    Scan to: [meg@accesstusc.org](mailto:meg@accesstusc.org)**

*Currently serving any clients in Tuscarawas, Guernsey,  
Muskingum, Monroe, Washington and Belmont Counties*

Referring Agency: _____ Phone # _____
Referring Staff Member: _____ Date: _____
Staff Member Email: _____ Fax # _____

**Client Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Insurance:** *Yes or No*    **Insurance Company:** \_\_\_\_\_

**Medicaid Insurance? (please circle):**    Buckeye    CareSource    United HealthCare    Molina    Paramount

**Pregnant?**    *Yes or No*    **If yes, due date:** \_\_\_\_\_    **OB Provider** \_\_\_\_\_

**Please check off the following areas the client may need assistance with:**

- |  |   |
|--|---|
| <input type="checkbox"/> Health Insurance/Medicaid Application | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Housing                               | <input type="checkbox"/> Dental               |
| <input type="checkbox"/> Food                                  | <input type="checkbox"/> Behavioral Health    |
| <input type="checkbox"/> Clothing                              | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Utilities                             | <input type="checkbox"/> Adult Education      |
| <input type="checkbox"/> Access to Medication                  | <input type="checkbox"/> GED/Graduation       |
| <input type="checkbox"/> Taking Medication Correctly           | <input type="checkbox"/> Specialty Care       |
| <input type="checkbox"/> Frequent ER Visits                    | <input type="checkbox"/> Domestic Violence    |
| <input type="checkbox"/> Smoking Cessation                     | <input type="checkbox"/> Pregnancy Assistance |
| <input type="checkbox"/> Substance Use                         | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Medical Appointments/Doctor           |   |

Any additional information regarding client that may be helpful:

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