

ST. COLUMBA – VISION, DENTAL AND PRESCRIPTION – REFERRAL

This form is to be completed by the **referring agency** to request Vision, Dental and Prescription assistance for homeless clients in Norfolk. Please see the **Guidelines** for complete details on eligibility and referral procedures. Fax all completed paperwork to 622-2569. Incomplete referrals may delay or prevent assistance. Referring agency call 627-6748 if you have any questions.

LAST NAME: _____ FIRST NAME: _____ MI: _____

SS #: _____ RACE: _____ ETHNICITY: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____ VETERAN: _____

DOES THE INDIVIDUAL HAVE A DISABILITY: _____ INCOME PER MONTH: _____

WHERE DID YOUR CLIENT STAY LAST NIGHT (e.g. street, shelter, etc.): _____

HOW LONG HAS CLIENT BEEN AT ABOVE LOCATION: _____

LAST PERMANENT ADDRESS: _____

IF THE LAST PERMANENT ADDRESS WAS NOT IN NORFOLK, DOES THE CLIENT EXPRESS THE INTENT TO BECOME A PERMANENT NORFOLK RESIDENT? YES _____ NO _____

PLEASE CHECK AND COMPLETE THE SERVICES YOU ARE REQUESTING

PRESCRIPTION ASSISTANCE – attach release for St. Columba & Hague Pharmacy or check if on file: _____

WHO IS RESPONSIBLE FOR PICKING UP THIS MEDICATION?

- Referring Individual Client (transportation provided by: _____)
 Other: _____

ALLERGIES TO MEDICATIONS: _____

OF NEW: _____ (attach copies) # OF REFILLS: _____ (complete below **ONLY** for refills)

REFILL PRESCRIPTION #: _____

NAME OF MEDICATION: _____

NAME AND PHONE # OF PHARMACY PRESCRIPTION WAS ORIGINALLY FILLED: _____

VISION ASSISTANCE – attach release for St. Columba & Dr. Borza & Lions Club or check if on file: _____

CURRENT ADDRESS OF CLIENT OR REFERRING AGENCY IF CLIENT IS STREET HOMELESS: _____
ZIP CODE: _____

DENTAL ASSISTANCE – attach release for St. Columba & Park Place Health & Dental Clinic or check if on file: _____

REFERRAL INFORMATION

REFERRING AGENCY: _____

PRINTED NAME OF REFERRING PERSON: _____

EMAIL OF REFERRING PERSON: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE OF REFERRING PERSON: _____ DATE: _____

Please note: All referrals must be sent by 3:00 PM Monday through Thursday and noon Friday to be processed the same day. Referrals are not processed on holidays or weekends and may be delayed the last week before school, the week of Thanksgiving and the weeks before and after Christmas.