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| **THE RHD CHIPRA PROGRAM – REFERRAL FORM** \*\*\*Request for CHIP, MA, SNAP Food Stamp Benefits & more!!!\*\*\* | | | | | | | | | | | | | |
| **Welcome to the RHD CHIPRA Program!** Fill in the information below and a Family Benefits Advocate will respond within 24 hours to begin enrollment. Feel free to call **(215) 508–5800/3300 Extension 1168** for additional enrollment information. | | | | | | | | | | | | | |
| **PARENT/CAREGIVER INFORMATION** | | | | | | | | | | | | | |
| Parent/Caregiver Name *(First & Last)*: | | | |  | | | | | | | Date of Referral: | Click here to enter a date. | |
| Parent/Caregiver Address: | | | | Click here to enter text. | | | | | | | | | |
| City: | | Click here to enter text. | | | State: | Click here to enter text. | | | Zip Code: | | | | Click here to enter text. |
| Primary Phone Number: | | Click here to enter text. | | | Secondary Phone Number: | Click here to enter text. | | | Alternate Phone Number: | | | | Click here to enter text. |
| Email Address: | | Click here to enter text. | | | | | | | | | | | |
| REFERRAL SOURCE INFORMATION | | | | | | | | | | | | | |
| Name of Individual Completing Referral *(First & Last)*: | | | | Click here to enter text. | | | Referral Source *(Agency & Department):* | | | | Click here to enter text. | | |
| Referral Source Address: | | | | Click here to enter text. | | | | | | | | | |
| City: | | Click here to enter text. | | | State: | Click here to enter text. | | | Zip Code: | | | | Click here to enter text. |
| Primary Phone Number: | | Click here to enter text. | | | Secondary Phone Number: | Click here to enter text. | | | Alternate Phone Number: | | | | Click here to enter text. |
| Email Address: | | Click here to enter text. | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | |
| Number of Children: | Choose an item. | | | What is the best time of day to reach the family? | | | | | | Click here to enter text. | | | |
| Additional Notes: | [Type any additional notes if needed.] | | | | | | | | | | | | |
| Referrals Accepted By: | | | | | | | | | | | | | |
| Fax or E-mail:  1-(888)-972-6681  **Subject Line:** CHIPRA Referral  Attention: Shawna Sidibe, CHIPRA Program Director  **Email:** shawnas@RHD.ORG | | | | | | Mailing Address & Phone:  Ms. Shawna Sidibe  CHIPRA, Resources For Human Development  90 Rochelle Avenue  Philadelphia, PA 19128  (215) 508-5800/3300 Extension 1168 | | | | | | | |
| OFFICE USE ONLY: | | | | | | | | | | | | | |
| Reviewed By: | | | Click here to enter text. | | | Date Received: | | Click here to enter a date. | | | | | |