

Referral to CHIP of Roanoke Valley

*Required



Please fill in as completely as possible.
 Questions? Call (540) 857-6993
 Submit completed form via mail or fax.

1201 Third Street, SW Roanoke, VA 24016

FAX (540) 857-6999

PRIMARY CAREGIVER DETAILS		Previously enrolled in CHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Address	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
City	# Adults in the Home _____		
Zip Code	# Children in the Home _____		
Telephone*	Is anyone in the family pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOB	Newborn in the family (0 – 3mo)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Locality	Names & Ages of children in the family		
	<input type="checkbox"/> Bedford County <input type="checkbox"/> Botetourt County <input type="checkbox"/> Craig County <input type="checkbox"/> Roanoke City <input type="checkbox"/> Roanoke County <input type="checkbox"/> Salem City		
Primary Language*	Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Unknown		
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other - Specify _____		

AVAILABLE SERVICES (Check all that apply)

Support In

- Accessing & understanding health care
- Basic needs: clothing, food, transportation, housing
- Becoming self-sufficient
- Choosing a medical home
- Coordinating services
- Finding insurance
- Keeping up to date on well child visits/immunizations
- Mental Health services for caregivers & children

Information On

- Baby/postpartum care
- Healthy living for parents & children
- Healthy pregnancy & childbirth
- Home safety
- Kindergarten readiness
- Parent/child play activity ideas
- Parenting tips
- Positive discipline/routines for children

Concerns About

- Child’s development
- Cognitive impairment: Parent
- Domestic Violence
- History of child abuse/neglect
- Medical condition of child
- Medical condition of parent/caregiver
- Single parent
- Substance use
- Teen parent

IS THERE ANYTHING ELSE CHIP of ROANOKE VALLEY SHOULD KNOW?

REFERRAL COMPLETED BY* (please provide a telephone number and email so we may contact you if needed)

Name	Date
Organization	
Telephone #	Email