



RESOURCE LIAISON OUTREACH REQUEST

This form is to request support from CNHD's Community Health Worker Program

Date: _____

From: _____ Agency: _____

Phone Number: _____ Email: _____

Last date of contact with client: _____

Client's Name: _____ Client DOB: _____

Client's Address: _____

Client's Phone Number / Contact Info: _____

Reason for Referral and Requested Support: _____

What other agencies are the referred individual currently involved with that you know of?

Name / Agency: _____ Contact Info: _____

Have you referred this case to anyone else besides CNHD?

Name / Agency: _____ Contact Info: _____ Date: _____

Does the client know you have referred this case to CNHD? Yes No

Do you feel this client could be a threat to his/herself or others? Yes No

Is this referral an emergency need? Yes No Emergent issue? Yes No

Please email this request to info@centralnevadahd.org or fax it to 775-867-2697. You will be provided with an update on who is assigned and a proposed visit date within 24 business hours of submittal.

This form may contain confidential information. Unauthorized disclosure is prohibited. Communications are secure and compliant with applicable privacy laws.

CHURCHILL
485 W B St
Fallon, NV 89406
Phone: 775-867-8181

EUREKA
351 NV-278
Eureka, NV 89316
Phone: 775-258-0145

MINERAL
331 1st St
Hawthorne, NV
89415 Phone:
775-254-0305

PERSHING
535 Western Ave
Lovelock, NV 89419
Phone: 775-273-6285