



**Navigator Referral Form**

\*Please complete all applicable fields\*

Referring Agency Information	
Referral Date: _____	Referring Agency: _____
Referral Name: _____	Referral Contact Number: _____
Individual/Parent Information (not required to be a client of Centennial)	
Individual Name: _____	Home Number: _____
Address: _____	Cell Number: _____
City: _____	Zip: _____ County: _____
Date of Birth: _____	Race: _____ Ethnicity: _____
Child/Youth Dependent Information	
Children/Youth Dependents <u>Choose an item.</u>	Number of Children/Youth Dependents: _____
Name of Child/Youth Dependent: _____	Age: _____
Name of Child/Youth Dependent: _____	Age: _____
Name of Child/Youth Dependent: _____	Age: _____
Name of Child/Youth Dependent: _____	Age: _____
Name of Child/Youth Dependent: _____	Age: _____
Reason for Referral	

**External Referral:** Please fax this completed form to Attn: Nicole Herrera (970) 522-9544  
**Internal CMHC Referral:** Please fax to number listed above or Lync to Nicole Herrera

For Navigator Team Lead Use Only:  Family  School Aged  Housing  Older Adult  
 Individual s Assigned to: