

Care Coordination Referral Form

Last updated: January 2026



Please fill out both pages with as much information as possible.

If you do not hear from us within one business day, please call **503-416-3731**.

Please send form this form and any relevant chart notes or supporting documents by fax to **(503) 416-3676** or secure e-mail to ccreferral@careoregon.org

Referrer information

Date of referral: _____ Referred by: _____

(Person completing this form preferred)

Contact phone #: _____ Fax #: _____

(Direct number preferred)

Relation to member: _____ Agency/role (if applicable): _____

If referent is not the member, is the member aware of this referral? ☐ Yes ☐ No

Member information

Member name: _____

Preferred name (if different): _____ Pronouns: _____

Member ID: _____ Email: _____

Date of birth (mm/dd/yyyy): _____ Language: _____

Other health insurance: ☐ Yes ☐ No ☐ Unknown

If yes, insurance carrier ID#: _____

Phone: _____ Okay to leave voicemail? ☐ Yes ☐ No ☐ Unknown

Preferred method of communication: ☐ Phone ☐ Text ☐ Email ☐ Unknown

Parent/guardian/representative name and contact info (if applicable):

Housing status: _____

Native American/Alaskan Native: ☐ Yes ☐ No ☐ Unknown

Tribal affiliation: _____

Member's PCP (if known): _____ Phone: _____

Mental health provider/agency (if known): _____ Phone: _____

Does the member have a caseworker or other support already assigned to them: APD, DHS, DD, Housing Case Manager, etc.? If so:

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____

Request for Care Coordination assistance

Please provide any information you are aware of regarding the referral/member needs and what has been provided to help member access:

☐ Primary care/specialty care

☐ Behavioral health/substance use treatment

*A list of behavioral health providers can be found on our website or by calling Customer Service: 503-416-4100

☐ Dental/oral health

☐ Vision services

☐ Durable medical equipment

☐ Pharmacy benefits/medication

☐ Medical transportation

☐ Community supports

* Health related services (including housing, food, and climate support may be accessed by calling CareOregon Customer Service: 503-416-4100

Other needs not noted above:

If there is additional information, please provide here: