



# Pathways HUB Community Action



**Are you currently pregnant?**

**Do you need help connecting to all available resources in your community?**

**A Certified Community Health Worker can help you!**

**Your Community Health Worker can...**

- Help you navigate the healthcare system
- Connect you to available community and social resources
- Assist in obtaining a car seat, pack n play, or other baby items
- Understand insurance benefits and available services, such as transportation
- Assist in addressing social determinants of health

Referral Date

Name

Address

City

Zip

Phone

Email

DOB

Medicaid number (if applicable)

MCO : Caresource

Buckeye

Paramount

Molina

United Healthcare

Language other than English

Estimated Due Date or weeks pregnant

First Pregnancy?    Y        N

Where do you receive prenatal care?

Given birth past 12 months?        Y        N

Prior pregnancy or post-partum loss?        Y        N

Client has given \_\_\_\_\_ (name/agency) consent to share the above information with the Summit County Pathways HUB, for the purpose of enrollment in the care coordination program. Phone number: \_\_\_\_\_

Return this form via email to [vmccants@capathwayshub.org](mailto:vmccants@capathwayshub.org) or by Fax: 1-330-940-1131 ATTN: Vernora McCants.