

### Cultural & Linguistically Appropriate Services Referral Form

**Providers:** Please complete sections A - C and fax to the Blue Shield of California Promise Cultural & Linguistics Department at **(323) 889-5407**

A. Patient Information				
Member name:		Date of birth:	Gender: Male Female Other	
Address:			City:	
ZIP code:	Phone number:	Language spoken:		
B. Provider Information				
Requested by:		Request date:		
Provider name:	Phone number:	Fax:		
Finding:				
Comments:				
C. Referral Information				
Service Requested				
Social service    Support group    Community based    Other (detail):				
Topic				
African	Asian/Pacific	Hispanic/Latino	Armenian/Russian	Parenting
Sexuality issues	Cultural	HIV/STD	Domestic	Citizenship
Interpreter	Employment	Youth/Teen	Visually	Hard of hearing
Stress/Depression	Adoption/Foster	Immigration/Legal assistance	English second language	
Other (detail):				
Comments:				
D. Service Information				
Title of program:		Date:	Time:	
Program location:				
Address:		City:	ZIP code:	
Contact name:		Phone number:	Contact date:	
Member will attend program		Unable to contact member		Member refused program
Instructions/Comments:				
E. Follow-Up				
Member attended program		Member did not attend program		Information not available
Comments:				

For questions regarding the Cultural & Linguistics Appropriate Services referral form, please call the Blue Shield of California Promise Cultural & Linguistics Department at (562) 580-6077