

# Attachment E: Sample Referral Form

## Community Assessment for Public Health Emergency Response

[Disaster name]

Confidential Referral Form

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

Date: \_\_/\_\_/\_\_\_\_ Time: \_\_:\_\_

Cluster No.: \_\_\_\_\_

Interviewer's Initials: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact Information:

Home telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Summary of Need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Made:      Yes            No     

Referred to: \_\_\_\_\_

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Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).