

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: _____

Summary of Need:

Referral Made: Yes No

Referred to: _____

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).