

New York City Department of Health and Mental Hygiene
The Office of Health Insurance Services [OHIS]
OHIS/Early Intervention Partnership

GET CARE AND SERVICES TO SUPPORT YOUR CHILD

Referral for Health Insurance Services to a DOHMH Child Benefit Advisor[CBA]

Provider Name: Los-Ninos/EIP-SI

To Service Coordinators:

Please indicate below which services you wish to refer families to Child Benefit Advisor.

- Child has no health insurance- Family needs to apply for health insurance
- Family has private insurance, wants extra coverage for the child
- Family wants assistance with their Medicaid Renewal
- Family interested in the Children with Special Health Care Needs Program (CSHCN)
- Child aging out non- Medicaid eligible, refer to (CSHCN)
- SSI information assistance
- Premium Assistance Program

Date of Referral: _____

Referred by: _____
[Service Coordinator or other]

SC Contact number: _____

Fax Number: _____

**Please submit all referrals
to our OHIS central referral unit
at : 646-672-2322**

**CBA. Supv-Sharon Gual
718-505-3585
347-236-7049-cell**

FAMILY INFORMATION

Child's Name: _____ EI #: _____ (D.O.B _____

Child's Name: _____ EI #: _____ (D.O.B _____

Parent or Guardian Name _____ Preferred Language _____

Address: _____ Boro/Zipcode _____

Phone Numbers: _____ / _____

Best times to contact: Morning [] Afternoon [] Evenings []

FOR OHIS USE ONLY(Section is reserved for OHIS staff to confirm receipt of referral from SC

Referral confirmation sent by OHIS staff _____ Date: _____