



DESCHUTES COUNTY HEALTH SERVICES  
**LAUNCH PROGRAM**  
(LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH)

Date Rec'd \_\_\_\_\_

FOR PROGRAM QUESTIONS, CALL MAGGI MACHALA, MPH, RN, Coordinator (541) 322-7420

### CONSENT TO REFERRAL

Your child is eligible for a new program called LAUNCH. This is a health and wellness program for young children, birth to 8 years of age. The following services will be offered based on need and family request:

- Health care
- Help with child behavior concerns
- Home visiting
- Child developmental assessments
- Hearing and vision screening
- Parenting education
- Referral to other child and family services

Services are **FREE** to families, but insurance will be billed where possible.

*Participation in LAUNCH is voluntary. Are you interested in knowing more about the program? (Check one.)*

**Yes, I am interested** in knowing more about the LAUNCH program. Someone from the program can contact me.

**No, I am not interested** in the LAUNCH program at this time.  
*Can you please share with us why?*

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

Your Name: \_\_\_\_\_  
*Print first name Print last name*

Your Child's Name: \_\_\_\_\_ School (If applicable): \_\_\_\_\_

FOR PROGRAM STAFF ONLY:  
PLEASE **FAX** THIS CONSENT FORM ALONG WITH THE REFERRAL FORM TO THE SCHOOL BASED HEALTH CENTER (SBHC)  
NEAREST THE CHILD'S RESIDENCE:

BEND ENSWORTH SBHC  
Cara Miller-Eitel (541) 355-5695  
**FAX (541) 355-5699**

LA PINE SBHC  
Beth Erickson (541) 693-5730  
**FAX (541) 536-0405**

REDMOND LYNCH SBHC  
Raquel Hernandez (541) 693-5732  
**FAX (541) 316-2970**



DESCHUTES COUNTY HEALTH SERVICES.  
**SERVICE REFERRAL FOR CHILDREN BIRTH TO 8**  
**LAUNCH PROGRAM**  
 (LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH)

Date Rec'd \_\_\_\_\_

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TODAY'S DATE		REFERRED BY ( <i>your name, organization &amp; phone number</i> )		FAX NUMBER	
CHILD'S NAME ( <b>IF OREGON HEALTH PLAN, as it appears on card</b> )			DOB		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT / GUARDIAN'S NAME					
ADDRESS			CITY		OREGON ZIP
MAY WE CONTACT BY PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BEST DAYS / TIMES		ONLY SPEAK TO: _____	
HOME PHONE #		CELL PHONE #		WORK PHONE # MESSAGE / OTHER	
CLIENT/PARENT CONSENTS TO REFERRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO					
INTERPRETER NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, specify need (Spanish, Sign language, etc.)</i> _____					
TRANSPORTATION NEEDS _____					
<b>PURPOSE OF REFERRAL</b> <b><i>NOTE: CHILDREN WITH A CPS CASE MANAGER OR IN FOSTER CARE NOT ELIGIBLE</i></b>					
<b>Child (birth-8) Issues</b>					
<input type="checkbox"/> Failure to thrive <input type="checkbox"/> Inadequate growth <input type="checkbox"/> Developmental delay without appropriate intervention <input type="checkbox"/> Lack of basic physical needs (i.e. food, shelter, clothes, hygiene) <input type="checkbox"/> Lack of necessary medical care (i.e. dental abscess) <input type="checkbox"/> Frequent missed appointments (i.e. well child) <input type="checkbox"/> Expulsion from child care setting or school <input type="checkbox"/> Behavioral health (i.e. depression, self destructive, peer issues) <input type="checkbox"/> Excessive school absences <input type="checkbox"/> Other _____					
<b>Family/Parent Issues</b>					
<input type="checkbox"/> Teen Parent <input type="checkbox"/> Lack of parenting knowledge and skills <input type="checkbox"/> Domestic violence <input type="checkbox"/> Substance abuse <input type="checkbox"/> Parental depression, mental health or developmental delay affecting parenting <input type="checkbox"/> Lack of support system <input type="checkbox"/> Long term unemployment <input type="checkbox"/> Homelessness <input type="checkbox"/> Other _____					

PLEASE **FAX** COMPLETED REFERRAL TO THE SCHOOL BASED HEALTH CENTER (SBHC) NEAREST THE CHILD'S RESIDENCE:

BEND ENSWORTH SBHC  
 Cara Miller (541) 355-5695  
**FAX (541) 355-5699**

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 Beth Ericson (541) 693-5730  
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