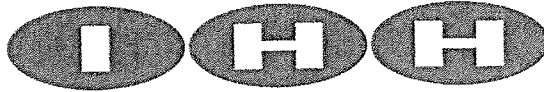




FAMILY RESOURCES
Social Services · Advocacy · Family Restoration · Education



Integrated Health Home

Integrated Health Home – Referral Form

Serving Scott and Muscatine Counties

Referring Person: _____

Referring Agency/Institution: _____

Telephone: _____ Fax: _____

Email: _____

Child's Name: _____ DOB: _____

Medicaid #: _____ MH Diagnosis: _____

Guardian/Parent Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Submit form to:

Mail to:

Call: 563-468-2299 or 855-277-0430

Family Resources, Inc.

Electronic referral form at: www.famres.org

ATTN: IHH

Fax to: 844-412-1924

2800 Eastern Ave

Davenport, IA 52803

IHH Staff Only:

Date received: