



Phone: 518.580.2021  
Toll free: 1.888.242.1418  
Fax: 518.885.9490

211 Church Street  
Saratoga Springs, NY 12866

## Child and Family Health Plus – Referral Form

<b>Date:</b>	<b>Referral for: Health Insurance</b>
<b>Agency Referring To:</b> Saratoga Hospital, Child and Family Health Plus 211 Church Street Saratoga Springs, NY 12866 Phone: 518-580-2021 FAX: 518-885-9490	
<b>Referring Agency:</b>	
<b>Client name:</b>	
<b>Address:</b>	
<b>Telephone Numbers: ( H )</b>	<b>Best time to call at home:</b>
<b>( W )</b>	<b>Best time to call at work:</b>
<b>( Cell )</b>	<b>Best time to call cell:</b>

**I give my permission to have Saratoga Hospital, Child and Family Health Plus contact me. I understand that this information will be provided in order to help me obtain health insurance through Child Health Plus, Family Health Plus or Medicaid, and will be strictly confidential. This information will not be used for any other purposes.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

Please fax completed form to us at 518-885-9490 OR mail attn:  
Saratoga Hospital, Child and Family Health Plus Department at  
211 Church St, Saratoga Springs, NY 12866