



# CSHCS LHD Referral to Family Center

*Family Center for Children and Youth*

*with Special Health Care Needs*

320 S Walnut Street 6<sup>TH</sup> Floor

Lansing, MI 48913

**Fax 517-241-8970**

Family Phone Line 800-359-3722

[www.michigan.gov/cshcs](http://www.michigan.gov/cshcs)

[cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)

## Family Support

- Parent to Parent Support Network
- Information on becoming trained as a Parent Mentor to support other families
- Information on Conference Scholarships
- Sibling Support / Workshops
- Support for Family/Youth Transition
- Bereavement Notification – Child’s Date of Death \_\_\_\_\_
  - Family request for Bereavement Support and Resources
- Connect to Community-Based Organizations
- Connect to State or National Organizations
- Quarterly Newsletter
- Other \_\_\_\_\_

## Information to be Released (please print)

\_\_\_\_\_  
Parent/Caregiver/Legal Guardian’s Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s Primary Diagnosis

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CSHCS ID# or Medicaid ID#

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Race (optional)

\_\_\_\_\_  
Primary Language (optional)

\_\_\_\_\_  
Parent/Caregiver/Legal Guardian’s Signature

\_\_\_\_\_  
Date

- Check here if parent gave you verbal permission to release their information.

## CSHCS LHD Information (please print)

\_\_\_\_\_  
CSHCS LHD:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Printed Name of Referring Individual

\_\_\_\_\_  
Date

**Please fax this completed form to the Family Center at 517-241-8970**