

CHILDREN'S SPECIAL HEALTH CARE SERVICES



CSHCS LHD Email Communication

| Date | 7/9/2021 | | |
|---------|---------------------------------------|--|--|
| Email | Info | | |
| Type | | | |
| Subject | Fillable referral | | |
| | forms | | |

| Contact | Name/Department | Phone | Email Address |
|---------|-----------------|--------------|----------------------|
| | Dawn Adkins | 517-241-7097 | adkinsd@michigan.gov |
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Dear Colleagues,

For your convenience, the Family Center is now offering the attached pdf fillable versions of our parent self-referral, professional self-referral, and LHD referral forms. This will allow you to complete these forms electronically to fax to CSHCS. This will also give you the capability to email the self-referral forms directly to families to complete. Please contact us with any questions.