



# Pathways HUB Community Action

You may be eligible to receive enhanced Pregnancy Care Coordination services through the Pathways Program. The program provides support, education and uses the experience of community health workers to help connect you to other community resources. This is a community program that doesn't require you to come to an office; community health workers can meet with you anywhere. Please fill out the information below and we will connect you with this program. We're here to help!

**PLEASE COMPLETE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alt. number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Are you or another family member involved in any home visiting program?  Yes  No

Name of insurance plan:  Buckeye  CareSource  Molina  Paramount  United Healthcare

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Pregnant?  Yes  No Estimated due date: \_\_\_\_\_ EGA (weeks): \_\_\_\_\_

First pregnancy?  Yes  No

**I need help with connections to (check all that apply):**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Insurance      | <input type="checkbox"/> Childcare       | <input type="checkbox"/> Primary Care      | <input type="checkbox"/> Substance Use  |
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Food            | <input type="checkbox"/> Specialty Care    | <input type="checkbox"/> Domestic Viol. |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Med. Assistance | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Tobacco Use    |
| <input type="checkbox"/> Dental         | <input type="checkbox"/> Other:          |  |   |

I give permission \_\_\_\_\_ to share the above information with the Pathways HUB Community Action or the purposes of referral into the care coordination program.  YES  NO

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

Referral Date: \_\_\_\_\_

**Agency/Provider referring if applicable:**

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**Agency Contact (name):** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Email this form to:**  
Pathways HUB Community Action at [vmccants@ascainc.org](mailto:vmccants@ascainc.org) or  
[bwest@ascainc.org](mailto:bwest@ascainc.org) or Fax to 330-940-1131