



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362

Main Telephone: (509) 524-2650 • Confidential Fax: (509) 524-2642 • Main Fax: (509) 524-2678

Person placing referral: _____ Phone # _____

Child Name: _____ DOB: _____

Diagnosis or suspected condition: _____

Parent Name(s): _____

Address: _____

Phone # _____

Insurance Provider: _____

ProviderOne # if applicable: _____

DDA eligible or date of DDA application: _____

Need(s) identified: _____

Additional information: _____

CHIF ID: _____ Item: _____
Completed by WWCDCH Staff

Approved or denied: _____ Cost: _____

If denied, reason for denial: _____

Vendor: _____

CYSHCN or DD Coordinator Date Division Manager Date

Director Date