

**INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION**2500 Valleyhigh Drive NW Rochester, MN 55901  
Phone: (507) 289-5960 ext. 123 Fax: (507) 289-6199 www.imaa.net**Community Health Worker Referral Sheet**

<b>CC Name and Employer</b>		<b>Dept</b>		<b>Today's Date</b>	
<b>Client's Name</b>				<b>Client's Phone Number</b>	
<b>Client's MC #</b>				<b>Parent Name</b>	
<b>Client's Language(s)</b>	Arabic	Bosnian	English	Hmong	
	Khmer	Lao	Somali	Spanish	
	Vietnamese	Other			
<b>What does your client need help with? (Check all that apply)</b>					
Applying/Renewing for Medical Assistance/MN Care/private health insurance					
Reviewing health plans					
Choosing a primary care provider					
Understanding what services are covered by client's health care plan and what services have co-pays					
Understanding the importance of paying medical bills &/or insurance premiums on time					
Understanding paperwork received from Community Based Organizations					
Understanding paperwork received from the Health Care System					
Learning how to work with patients teams					
Learning who to call with health concerns (nurses line/patient portal)					
Learning what to bring to the appointment (medicine, health care cards)					
Learning how to refill prescription and/or who to call with questions about medication (pharmacy help line)					
Learning how to schedule appointment with client's provider.					
Medical		Dental		Behavioral Health	
Accessing transportation to client's appointment.					
Medical		Dental		Behavioral Health	
Learning how to access language services for client's appointment.					
Medical		Dental		Behavioral Health	
Meet basic human needs					
Other					
Receiving health education information.					
Mental Health/Stress		Depression	Oral Health	Heart Health	Medication management
Women's Health		Nutrition	Cancer	Diabetes	Other:
<b>NOTES</b>					

**Please complete and fax to Tara Nelson c/o IMAA at: 507-289-6199. Thank you.**