CHSC – Iowa City
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Thomas Scholz, MD
Director and Professor of Pediatrics

Regional Centers

- Carroll
- Clinton
- Council Bluffs
- Creston
- Davenport
- Decorah
- Dubuque
- Fort Dodge
- Iowa City
- Mason City
- Oelwein
- Ottumwa
- Sioux City
- Spencer

RAP
Iowa Regional Autism Assistance Program

chsc
Child Health Specialty Clinics

Assuring a System of Care for Iowa's Children and Youth with Special Health Care Needs

Iowa Regional Autism Assistance Program (RAP)
REFERRAL FORM

Fax: (319) 384-6480 Email: Iowa-RAP@uiowa.edu

Referral Source Information			
Name:		Date:	
Agency:		Role:	
Address:		How did you hear about RAP? ☐ Brochure ☐ Website ☐ School ☐ Other _____	
Preferred method of contact: ☐ Email _____ ☐ Phone _____			
Child's Information			
Name:		Preferred Name:	
Date of Birth: ____ / ____ / _____	Age:	Gender: ☐ M ☐ F ☐ Other	
Primary Language: _____ Language(s) spoken in the home: _____			
Parent or Guardian Information			
1st Parent or Legal Guardian:		2nd Parent or Legal Guardian:	
Address *(street and/or PO Box)*:	City:	State:	Zip:
Preferred method of contact: ☐ Email _____ ☐ Phone _____			
County:	Best time of day to contact:		
Insurance Information			
Primary Insurance Provider: ☐ Blue Cross Blue Shield ☐ Hawk-I ☐ Medicaid ☐ Other _____			
If Medicaid, is child on a Waiver? ☐ No ☐ Yes ☐ Don't know If yes, which waiver _____			
Is child on a waiting list for a Waiver? ☐ No ☐ Yes ☐ Don't know If yes, which waiver _____			
Additional Information			

For internal use only
UIHC EPIC MRN# *(if applicable)* _____
Enrolled in PIHH *(circle)*: Yes ☐ No ☐ PIHH Provider _____
Eligible to enroll in PIHH *(circle)*: Yes ☐ No ☐