

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS

Dena Schmidt Administrator

AGING AND DISABILITY SERVICES DIVISION Helping people. It's who we are and what we do.

Office for Consumer Health Assistance (OCHA)  Referral Form	
Date of Request	
Agency or Organization Requesting Assistance	
Name of Representative Completing Form	
Agency Name	
Representative Phone Number	
Representative Email	
Consumer (Person in need of OCHA assistance)	
Consumer Name	
Consumer Address	
Consumer Phone Number	
Consumer Email	
Consumer Date of Birth	
Description of Issue (What type of assistance is being requested?)	