



HEALTHY SCHOOL PROGRAM VIRTUAL REFERRAL FORM

Inland Empire Health Plan (IEHP) requires verbal consent from the parent/guardian of your student(s) to be contacted about IEHP's Health Navigator/Healthy School Program and other health resources. Using the format below, please email the contact information and other details of the parent/guardian who has provided verbal consent.

- **Email:** HealthNavigators@iehp.org
- **Subject:** HSP Referral + School Name
- **Body:** Name of Parent/Guardian
Name of Child/Children
Name of School
Phone Number
Best Days/Times to Call
Preferred Language

NOTE: To help protect the family's Personal Health Information (PHI), please do not add the reason for the referral in the body of the email.