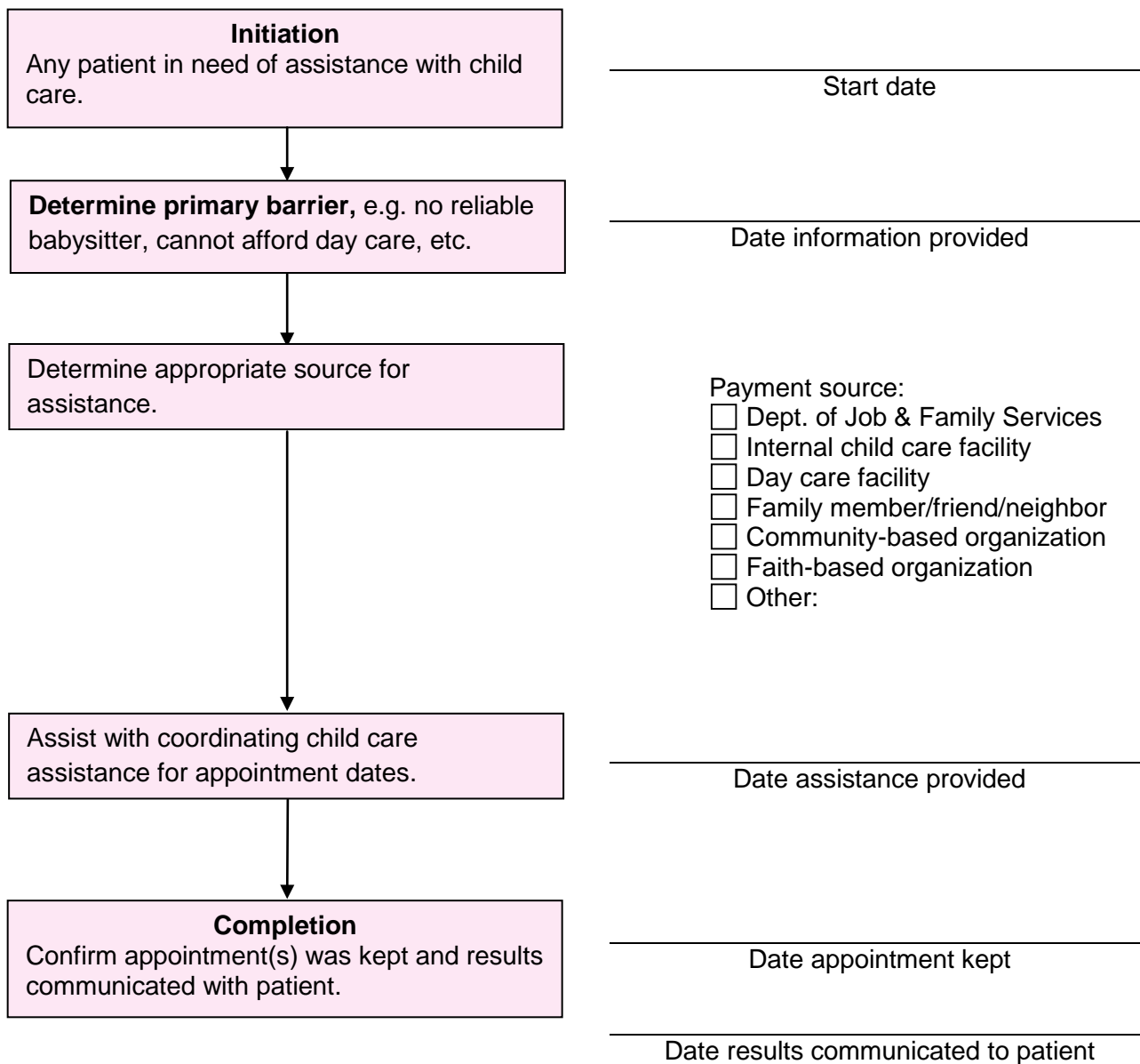




Client Name:	Date of Birth:
Patient Navigator:	Agency:

Child Care Pathway



Record reason if Finished Incomplete (reason denied and referral made):