



Connecting patients to community programs and services!

Iowa Community HUB Referral Form

Date: _____

Referred Individual Name: _____ DOB: _____

Spanish speaking language other than English _____

Phone number: _____

Email: _____

Referring Provider (Print Name): _____

Referring Provider Clinic: _____

Referring Provider Phone Number: _____

Referring Provider Fax Number: _____

Signature: _____

PROGRAM Needs: _____

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The Iowa Community HUB is a nonprofit community care hub working with network partners to connect Iowans with meaningful evidence-based programs with a focus on reducing health disparities for priority populations experiencing greater obstacles to health. HUB Navigators provide information on available community resources, social support, and advocate for individual health needs.