☐ Welcome Corps (PSG) ☐ Cash-Based Resettlement ☐ **Virtual Resettlement** ☐ Others

# REFUGEE HEALTH SERVICES REQUEST FORM

Please complete this form and submit it to omrshealthteam@ccmaine.org. We will process your request and you will be contacted to book an appointment. PLEASE NOTE: This form is only to be completed once the sponsored individual/family has a confirmed travel date or has already arrived.

Name of Sponsor:_____

Name of Family Member: _____

Phone Number: _____ Email: _____

Address: _____

Country of Origin: _____ Preferred Language: _____

Name of Family Member: _____

Phone Number: _____ Email: _____

Address: _____

Country of Origin: _____ Preferred Language: _____

Name of Family Member: _____

Phone Number: _____ Email: _____

Address: _____

Country of Origin: _____ Preferred Language: _____

Name of Family Member: _____

Phone Number: _____ Email: _____

Address: _____

Country of Origin: _____ Preferred Language: _____

By submitting this form, you consent to:

- your contact information being shared with the Office of Maine Refugee Services and the Refugee Medical Screening provider.
- have OMRS, or the contracted health provider, contact you to schedule an appointment using the contact information provided on this form.

Catholic Charities
Office of Maine
Refugee Services