



**Referral to Alameda County Asthma Start Program
(510)383-5181**

Staff sending referral: _____ Date: _____

Agency/Clinic: _____ Phone: _____

The Asthma Start Program provides free asthma education, asthma risk assessments and linkages to resources to prevent further asthma episodes. Our goal is to improve the health and quality of life of children with asthma. Our program can be contacted at **(510) 383-5181**.

Eligibility

Asthma Start currently provides services to children who meet all the following criteria:

- 0-18 years of age
- Has asthma
- Lives in Alameda County

Child's Name _____, _____ / ____ / ____
Last Name First, Middle Initial Date of Birth

Parent/ _____, _____
Guardian Last Name First, Middle Initial Relationship to Child

Street Address _____ Apt # _____

City _____ Zip Code _____

Primary language? _____ Does Child have Medi-Cal _____ (not mandatory)

Please include Asthma Action Plan, if possible.

Contact Information

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

**Please fax completed form to (510) 383- 5183
Or E-Mail asthmastart@acgov.org Or mail completed form to:
ACPHD - Asthma Start Program
7200 Bancroft Avenue, Suite 202
Oakland, CA 94605**