

BUILDING STRONG PARTNERSHIPS WITH HEALTHCARE PROVIDERS

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TOOLKIT



CHECKLIST



SAMPLE DOCUMENTS

STEP 1: IDENTIFY YOUR CLIENTS' GREATEST NEEDS

Before reaching out to providers, determine the healthcare needs of your clients.



ASK YOURSELF:

- What healthcare services are requested most often?
- Which needs are currently going unmet?
- What services create the greatest financial or access barriers?

EXAMPLES:

- Primary care
- Vision care
- Dental care
- Orthodontics
- Women's health
- Behavioral health
- Specialty care

KNOWING YOUR CLIENTS' NEEDS WILL HELP YOU PRIORITIZE WHICH PROVIDERS TO CONTACT FIRST.

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STEP 2: IDENTIFY POTENTIAL PARTNERS

LOOK FOR LOCAL HEALTHCARE PROVIDERS IN YOUR COMMUNITY, INCLUDING:

- Community health centers
- Public health departments
- Private medical practices
- Dental/orthodontic offices
- Vision clinics
- Hospitals
- Behavioral health providers
- Women's health clinics
- Specialty providers



Example: Partner Tracking Log

Organization	Contact Person	Specialty	Date Contacted	Status	Notes

DO NOT ASSUME *A CLINIC IS UNABLE TO HELP BECAUSE IT IS A PRIVATE PRACTICE. MANY PROVIDERS ARE INTERESTED IN GIVING BACK TO THEIR COMMUNITY AND MAY BE WILLING TO PARTNER THROUGH DONATED CARE OR REDUCED-COST SERVICES.*

STEP 3: PREPARE FOR THE INTRODUCTORY MEETING

The purpose of the first meeting is to introduce **your organization** and begin building a relationship.

BRING MATERIALS:

- Your organization's mission
- Programs and services
- Number of clients served
- Populations served
- Languages spoken
- The greatest healthcare needs among your clients
- Specific client needs



BE READY TO ANSWER:

- Who do you serve?
- What barriers do your clients face?
- How many clients may need referrals?
- How will referrals work?
- Why are you looking for community partners?
- What are next steps?

SHARE YOUR "WHY"

EXPLAIN WHY THIS PARTNERSHIP MATTERS.

STEP 4: EXPLORE PARTNERSHIP OPPORTUNITIES

During the meeting, learn about the clinic and discuss ways to work together.

ASK ABOUT EXISTING COMMUNITY PROGRAMS

Some providers already offer:

- Free services
- Reduced-cost services
- Sliding scale programs
- Charity care
- Community outreach initiatives

IF THEY DO NOT OFFER THESE PROGRAMS

Ask whether they would be interested in supporting the community through donated care.

- For example:

"WE'RE LOOKING TO BUILD LONG-TERM PARTNERSHIPS WITH HEALTHCARE PROVIDERS WHO WANT TO MAKE A DIFFERENCE IN OUR COMMUNITY. WOULD YOUR PRACTICE BE INTERESTED IN DONATING A FEW APPOINTMENTS OR CARE HOURS EACH MONTH FOR CLIENTS WITH SIGNIFICANT FINANCIAL BARRIERS? THERE IS NO EXPECTATION FOR A SPECIFIC AMOUNT-WHETHER IT'S ONE PATIENT, FIVE HOURS A MONTH, OR MORE, EVERY CONTRIBUTION MAKES A MEANINGFUL IMPACT."

***BE READY TO EXPLAIN** WHY ASSISTANCE IS NEEDED (E.G., MEDICAID COVERAGE LOSS OR OTHER BARRIERS TO CARE).*

STEP 5: HOW YOUR ORGANIZATION WILL SUPPORT THE PARTNERSHIP

A strong partnership benefits both organizations.

EXPLAIN THAT YOUR ORGANIZATION WILL HELP MAKE THE REFERRAL PROCESS EASY BY:

- Identifying clients who truly need services
- Ensuring clients meet eligibility requirements
- Scheduling appointments
- Sending appointment reminders
- Educating clients about clinic expectations
- Assisting with transportation resources when available
- Providing interpretation or language support when needed
- Following up with clients after appointments
- Serving as the primary point of contact for questions
- Posting the clinic on social media or including in your list of partners on your website



SOMETHING TO THINK ABOUT : *CLIENTS WHO MISS APPOINTMENTS WITHOUT PROPER NOTICE MAY LOSE ACCESS TO DONATED SERVICES. YOU CAN HELP PROTECT PROVIDERS' LIMITED TIME AND RESOURCES.*

STEP 6: FORMALIZE THE PARTNERSHIP

Once both organizations agree to work together:

- Identify primary contacts.
- Develop a referral process.
- Determine how referrals will be submitted.
- Clarify communication expectations.
- Consider signing a simple Partnership Agreement or Memorandum of Understanding.

REMEMBER:

PROTECTING CLIENT INFORMATION

- *OBTAIN CLIENT CONSENT.*
- *SHARE ONLY THE MINIMUM INFO NECESSARY.*
- *FOLLOW HIPAA AND ORGANIZATIONAL PRIVACY POLICIES.*
- *USE APPROVED COMMUNICATION CHANNELS TO PROTECT CONFIDENTIALITY.*

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STEP 7: MAINTAIN THE RELATIONSHIP

Building the partnership is only the beginning. Keep partners engaged by:

- Sharing program updates and impact stories.
- Thanking them for their support.
- Inviting them to community events.
- Recognizing their contributions in newsletters or annual reports.
- Checking in regularly to discuss successes and opportunities for improvement.
- Looking for additional ways to collaborate in the future.

STRONG PARTNERSHIPS GROW THROUGH COMMUNICATION, APPRECIATION, AND SHARED PURPOSE.

Sample Documents

Partnership Development Checklist

A step-by-step guide to help identify, assess, and prepare for successful partnerships. This checklist ensures that key considerations- such as community needs, provider capacity, shared goals, and communication plans.

Memorandum of Understanding

An MOU outlines the shared expectations, roles, and responsibilities between your organization and a provider. It establishes a mutual understanding of the partnership, promotes transparency, and helps both parties work toward common goals.

Partnership Letter

A customizable letter introducing your organization, explaining the need for partnership, and inviting providers to join in expanding access to care.

Community Partner Service Agreement

A voluntary agreement that documents a provider's commitment, such as accepting referrals, offering sliding-scale services, donating hours, or providing pro bono care.

Partner Tracking Log

A tool for tracking provider contacts, referrals, commitments, and follow-up activities to strengthen partnerships and measure impact.

Thank You Letter

A customizable letter to recognize and thank partners for their commitment, helping build lasting relationships and encourage continued collaboration.

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Partnership Development Checklist

Provider name: _____

Specialty: _____ **Date:** ____ / ____ / ____

Address: _____

Contact: _____

Before You Reach Out

- ☐ Identify your clients' highest healthcare needs
- ☐ Find clinics that provide the needed services
- ☐ Identify the appropriate contact person
- ☐ Gather information about the clinic (services offered, insurance accepted, languages, etc.).
- ☐ Enter information in Partner Tracking Log

Prepare for the Meeting

- ☐ Prepare an overview of your organization.
- ☐ Bring brochures, flyers, business cards etc
- ☐ Clearly explain your "Why."
- ☐ Be ready to explain:
  - □ Who you serve
  - □ Number of clients served
  - □ Populations served, languages spoken
  - □ The healthcare needs of your clients

How Your Organization Will Support the Partnership

- ☐ Explain that your staff will:
  - □ Schedule&Remind clients about appt.
  - □ Help with transportation (when available)
  - □ Provide interpretation or language assistance
  - □ Assist with paperwork
- ☐ Explain Clinic's no-show policy.
- ☐ Reassure the clinic that your goal is to make the referral process as smooth as possible.

After the Meeting

- ☐ Send a thank-you email or note.
- ☐ Share any shared & requested information.
- ☐ Identify and share the next steps.
- ☐ Schedule a follow-up conversation if needed.

Notes

_____

_____

_____

_____

_____

MEMORANDUM OF UNDERSTANDING

[DATE]

This Memorandum of Understanding (MOU) establishes a collaborative partnership between [Organization Name] and [Provider Name] to improve access to healthcare services through a coordinated referral process.

[Organization Name] Responsibilities:

- Identify clients who would benefit from services.
- Screen clients before referral.
- Coordinate appointments.
- Educate clients on clinic expectations.
- Assist with communication and interpretation when appropriate.
- Follow up with clients after appointments.

[Provider Name] Responsibilities:

- Accept referrals based on clinic availability and eligibility.
- Communicate scheduling information and referral requirements.
- Notify the organization of changes to services or referral procedures.

Shared Goals:

- Improve access to healthcare.
- Reduce barriers to care.
- Strengthen community partnerships.
- Improve client outcomes through coordinated services.

This agreement may be reviewed and updated annually by both organizations.

[Organization Name] Representative: _____ Date: _____
[Provider Name] Representative: _____ Date: _____

PARTNERSHIP LETTER

[DATE]

Dear [Provider Name],

Thank you for your willingness to explore a partnership with [Organization Name].

Our goal is to build a trusted referral network that connects individuals and families with quality healthcare while providing support to our healthcare partners throughout the referral process.

As your partner, our organization will:

- Screen clients before making referrals.
- Coordinate appointments.
- Help clients prepare for appointments.
- Provide interpretation or language assistance when needed.
- Communicate with your staff throughout the referral process.
- Follow up with clients to help reduce missed appointments.

We value this partnership and look forward to working together to improve the health and well-being of our community.

Sincerely,

[Name]
[Title]

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[Phone]
[Website]
[Address]

[Date]

Dear [Clinic Contact],

We are pleased to refer [Client Name] to your practice for [service requested].
Our organization works with individuals and families who experience barriers to accessing healthcare. We believe this client would benefit from the services your practice provides.

Client Information

- Name:
- Phone:
- Preferred Language:
- Reason for Referral:
- Additional Information:

Thank you for partnering with us to improve access to healthcare in our community. We appreciate your collaboration and commitment to serving those in need.

Sincerely,

[Name]

[Title]

[Organization]

Community Partner Service Agreement

This Community Partner Service Agreement ("Agreement") is entered into between [Organization Name] and [Provider/Practice Name] to establish a collaborative partnership to increase access to services for refugees, immigrants, asylum seekers, and other underserved community members.

Purpose

The purpose of this Agreement is to outline the voluntary commitments of the [Provider] and the [Organization Name] to improve access to quality, culturally responsive services for clients referred through [Organization Name].

Provider Information

Organization/Practice Name: _____

Primary Contact: _____

Title: _____

Phone: _____ Email: _____

Address: _____

Provider Commitment

The Provider agrees to participate in one or more of the following partnership opportunities (check all that apply):

□ Donate approximately _____ hours of professional services per month.

□ Accept up to _____ referred clients/patients per month.

□ Reserve _____ appointment slots each month for referrals from [Organization Name].

□ Offer services on a sliding fee scale for eligible clients.

Sliding Scale Details (if applicable):

□ Host a clinic day

□ Provide reduced-fee services at $_____ per visit/service.

□ Provide pro bono services for clients experiencing significant financial hardship.

□ Accept uninsured clients when capacity allows.

□ Other commitment:

Community Partner Service Agreement

Organization Commitment

[Organization Name] agrees to:

- Screen and refer eligible clients appropriately.
- Share relevant information with the Provider only with the client's informed consent and in accordance with applicable privacy laws.
- Assist clients with appointment scheduling, interpretation, transportation coordination, and follow-up when appropriate.
- Provide cultural orientation and background information, as needed, to support culturally responsive care.
- Maintain regular communication with the Provider regarding referrals and partnership needs.

Referral Process

[Organization Name] will:

- Submit referrals using the agreed-upon referral process.
- Identify urgent referrals when appropriate.
- Notify the Provider of appointment cancellations whenever possible.

[Provider Name] will:

- Inform the Organization of appointment availability.
- Notify the Organization if referral capacity changes.
- Communicate any concerns regarding referrals while maintaining client confidentiality.

Community Partner Service Agreement

Term of Agreement

This Agreement will begin on [Date] and remain in effect until [Date], unless terminated earlier by either party.
Either party may end this Agreement with 30 days' written notice.

Non-Binding Partnership

This Agreement is intended to document a collaborative partnership and does not create a legal employment relationship, financial obligation, or exclusive arrangement between the parties unless otherwise specified in writing.

Signatures:

For [Organization Name]
Name: _____
Title: _____
Signature: _____
Date: _____

For [Provider/Practice Name]
Name: _____
Title: _____
Signature: _____
Date: _____

Partner Tracking Log

Organization	Contact Person	Specialty	Date Contacted	Status	Notes

THANK YOU LETTER

Date
Provider/Organization Name
Contact Name
Address
City, State, ZIP

Dear [Provider Name],

On behalf of [Organization Name], thank you for partnering with us to improve access to healthcare for refugees, immigrants, asylum seekers, and other underserved community members.

Your willingness to [accept referrals, provide donated services, offer sliding-scale fees, donate volunteer hours, etc.] is making a meaningful difference in the lives of individuals and families who may otherwise face barriers to receiving quality care.

We value your commitment to compassionate, culturally responsive care and appreciate your partnership in helping build a healthier, more connected community. Collaborations like ours demonstrate the power of community organizations and healthcare providers working together to address health disparities and expand access to essential services.

Thank you for your generosity, dedication, and continued support. We look forward to strengthening our partnership and continuing this important work together.

With gratitude,
[Name]
[Title]
[Organization Name]
Phone: _____
Email: _____

Why Partner With Us

Expanding Access. Strengthening Care. Supporting Your Practice.

Partnering with us helps your organization reach more patients while reducing barriers to care. We work alongside providers to create a smoother, more connected experience for both your team and the communities you serve.



Benefits of Partnership

- Qualified Referrals – We connect your practice with screened individuals who are ready to access services.
- Improved Appointment Success – Patient reminders, follow-up, and care coordination help reduce missed appointments.
- Language & Cultural Navigation – We help bridge communication and cultural barriers that can impact care.
- Dedicated Partnership Support – Your team has a single point of contact for coordination, questions, and referrals.
- Community Connection – Expand your reach to underserved and hard-to-reach populations through trusted community relationships.
- Shared Community Impact – We recognize and promote our partner organizations through outreach, events, and community engagement.

Together, We Can

- Increase access to care.
- Strengthen health outcomes.
- Build trust within the community.
- Create lasting partnerships that benefit patients, providers, and the communities we serve.

For more information, contact:

Name
Title
Email@cwsglobal.org • Phone