

Instructions for Completing the Referral Form for Services and Supports

General Instructions

Please note: The Referral Form is a fillable form; however, the form can also be printed and filled out. Some of the information may be unknown at the time of the referral.

Upon completion of the form:

- Save the form as an Adobe PDF document.
- Send the PDF document by secure email, fax or hard copy to the appropriate Care Coordination Unit (CCU). The appropriate CCU can be determined by using the CCU maps.

Referral Date:	Enter the date of the referral. (can be done by using the drop-down calendar.)
Time:	The time of the referral will automatically be inserted in the form.
Agency Name:	Enter the name of the Agency taking the referral.
Staff Person Taking Referral:	Enter the name of the staff person taking the referral.
PERSON MAKING THE REFERRAL:	
Name:	Enter the name of the person making the referral.
Phone: Cell Home Work	Enter the phone number for the person making the referral and indicate the type of phone number (cell/home/work).
E-mail:	Enter the email of the person making the referral.
Relationship to Individual in need of supports and services:	Enter the relationship of the person making the referral to the Individual in need of supports. (family member, friend, neighbor, etc.)
INDIVIDUAL IN NEED OF SERVICES AND SUPPORTS:	
Name:	Enter the name of the Individual in need of services and supports.
Age:	Enter the age of the Individual in need of services and supports.
Date of Birth:	Enter the date of birth of the Individual in need of services and supports.
Address:	Enter the address of the residence for the Individual in need of services and supports.
City:	Enter the city of the residence for the Individual in need of services and supports.

Zip Code:	Enter the zip code of the residence for the Individual in need of services and supports.
County:	Enter the county of the residence for the Individual in need of services and supports.
Phone: Home/Work/Cell	Enter the phone number of the Individual in need of services and supports and indicate the type of phone number listed for the Individual.
E-mail:	Enter the e-mail address for the Individual in need of services and supports.
If not English-speaking, preferred language:	If the Individual is not English-speaking, enter Individual's preferred language.
Do you live alone?	Does the Individual live alone? Choose "Yes" if the Individual lives alone in his/her residence and "No" if the Individual does not live alone in his/her residence.
Safety issues (i.e. dogs)? Please describe:	Ask the Individual if there may be safety issues in his/her residence. Choose "Yes" if the Individual indicates there may be safety issues or "No" if the Individual indicates there are no safety issues. (ie. dogs, weapons, drugs, etc.) If "Yes" is chosen please describe the safety issue(s) in the Individual's residence.
If not a home residence, please indicate the name and type of facility where the Individual is located.	
Facility Name:	Enter the name of the facility the Individual resides in.
Facility Address: <input type="checkbox"/> Assisted Living Program <input type="checkbox"/> Supportive Living Program <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term Care Facility (Nursing Home) <input type="checkbox"/> Other: Name: <input type="checkbox"/> Hospice Facility	Enter the full address of the facility (street, city, state, zip code). Choose the appropriate box that identifies the facility type entered in the "Facility Name" field. If "Other" is chosen, enter the type of "other" facility.
DOES THE INDIVIDUAL HAVE A SPOUSE?	Choose "Yes" if the Individual indicates he/she has a spouse or "No" if the Individual indicates he/she does not have a spouse.
If yes, Spouse Name:	If the Individual answers "Yes" he/she has a spouse, enter the spouse's name.
Is spouse in need of services and supports?	Choose "Yes" if the Individual indicates his/her spouse needs services and supports or "No" if the Individual indicates his/her spouse is not in need of services and supports.
Age of spouse?	Enter the spouse's age.
Is there a friend/family caregiver or emergency contact that needs to be contacted?	Ask the Individual if the spouse has a friend/family caregiver or emergency contact that needs to be contacted. Choose "Yes" if the

	Individual indicates his/her spouse has a friend/family caregiver or emergency contact that needs to be contacted or “No” if the Individual indicates his/her spouse does not have a friend/family caregiver or emergency contact that needs to be contacted.
If yes, provide contact information (if known):	Enter the contact information for the person(s) indicated by the “Yes” answer that a family caregiver or emergency contact that needs to be contacted, if known.
DOES THE INDIVIDUAL HAVE ANY OF THE FOLLOWING?	
Legal Guardian	Ask the Individual if he/she has a Legal Guardian. Choose “Yes” if the Individual indicates he/she has a Legal Guardian, “No” if the Individual indicates he/she does not have a Legal Guardian or “Unknown” if it is not known if the Individual has a Legal Guardian.
Representative Payee	Ask the Individual if he/she has a Representative Payee. Choose “Yes” if the Individual indicates he/she has a Representative Payee, “No” if the Individual indicates he/she does not have a Representative Payee or “Unknown” if it is not known if the Individual has a Representative Payee.
Power of Attorney for Health	Ask the Individual if he/she has a Power of Attorney for health matters. Choose “Yes” if the Individual indicates he/she has a Power of Attorney for health matters, “No” if the Individual indicates he/she does not have a Power of Attorney for health matters or “Unknown” if it is not known if the Individual has a Power of Attorney for health matters.
Power of Attorney for Financial	Ask the Individual if he/she has a Power of Attorney for financial matters. Choose “Yes” if the Individual indicates he/she has a Power of Attorney for financial matters, “No” if the individual indicates he/she does not have a Power of Attorney for financial matters or “Unknown” if it is not known if the Individual has a Power of Attorney for financial matters.
If yes, provide contact information (if known)	Enter the name of the contact referenced by the “Yes” answer to the type of assistance listed above (Legal Guardian, Representative Payee, Power of Attorney for Health, Power of Attorney for Financial).
Is there a friend/family caregiver or emergency contact that needs to be contacted?	Ask the Individual if there is a friend/family caregiver or emergency contact that needs to be

	contacted. Choose “Yes” if the Individual indicates he/she has a friend/family caregiver or emergency contact that needs to be contacted or “No” if the Individual indicates he/she does not have a friend/family caregiver or emergency contact that needs to be contacted.
If yes, provide contact information (if known):	Enter the name of the contact information referenced by the “Yes” answer. Enter the contact information (name/phone number(s)) for the friend/family caregiver or emergency contact.
Is there any other individual at this residence that needs services and supports?	Ask the person making the referral if there is someone else who lives at the residence that needs services and supports. Choose “Yes” if there is someone else at the residence that needs services and supports or “No” if there is not anyone else at the residence that needs services and supports.
NOTE: If yes, complete a separate referral form if 60 or over. If under 60, refer to the proper state agency.	
Name of the other individual (if known):	Enter the name of the other individual referred to by the “Yes” answer indicating there is someone else that lives at the residence who needs services and supports.
Age of other individual (if known):	Enter the age of the other individual referred to by the “Yes” answer indicating there is someone else that lives at the residence who needs services and supports.
HEALTH INFORMATION:	
Does the Individual have the following?	
Hearing Loss? Vision Issues?	Ask the Individual if he/she has hearing loss. Choose “Yes” if the Individual indicates he/she does have hearing loss, “No” if the Individual indicates he/she does not have hearing loss or “Unk.” If it is unknown if the individual has hearing loss. Ask the Individual if he/she has vision issues. Choose “Yes” if the Individual indicates he/she does have vision issues, “No” if the Individual indicates he/she does not have vision issues or “Unk.” If it is unknown if the individual has hearing loss.
If yes, preferred method of communication (i.e., Interpreter, TTY Relay Services or Braille Assistance):	If a “Yes” answer is indicated above, enter the preferred method of communication for the “Yes” answer.
Has the Individual been told by a health care professional that he/she has any of the following:	

Alzheimer's or any other type of dementia?	Ask the Individual if he/she has been told by a health care professional that he/she has Alzheimer's or any other type of dementia. Choose "Yes" if the Individual indicates he/she has Alzheimer's or any other type of dementia or "No" if the Individual indicates he/she does not have Alzheimer's or any other type of dementia.
Mental Health Illness?	Ask the Individual if he/she has been told by a health care professional that he/she has a mental health illness. Choose "Yes" if the Individual indicates he/she does have a mental health illness or "No" if the Individual indicates he/she does not have mental health illness.
Physical Disability?	Ask the Individual if he/she has been told by a health care professional that he/she has a physical disability. Choose "Yes" if the Individual indicates he/she does have a physical disability or "No" if the Individual indicates he/she does not have a physical disability.
Intellectual/Developmental Disability?	Ask the Individual if he/she has been told by a health care professional that he/she has an intellectual/developmental disability. Choose "Yes" if the Individual indicates he/she does have an intellectual/developmental disability or "No" if the Individual indicates he/she does not have an intellectual/developmental disability.
Brain injury (i.e., stroke, head injury, aneurysm)?	Ask the Individual if he/she has been told by a health care professional that he/she has a brain injury. Choose "Yes" if the Individual indicates he/she does have a brain injury or "No" if the Individual indicates he/she does not have a brain injury.
ADDITIONAL INFORMATION REGARDING THE INDIVIDUAL IN NEED OF SUPPORTS AND SERVICES	
Reason for Referral (general concerns): <i>Please provide any additional information regarding the Individual in need of supports and services that may be helpful.</i>	Enter the reason for referral and/or any general concerns regarding the Individual in need of supports and services. Please include additional information that may be helpful regarding the Individual in need of supports and services.
Does the Individual receive any supports and services now?	Ask the Individual if he/she currently receives any supports and/or services. Choose "Yes" if the Individual indicates he/she currently receives any supports and services or "No" if the Individual indicates he/she does not receive any supports and services.
If yes, type of supports and services are received:	If "Yes" is chosen, list the types of supports and services provided for the Individual.

<p>Is the Individual experiencing any problems with the current supports and services?</p> <p>Please Explain:</p>	<p>Ask the Individual if he/she is experiencing any problems with the current supports and services. Choose "Yes" if the Individual indicates he/she is experiencing any problems with the current supports and services or "No" if the Individual indicates he/she is not experiencing any problems with the current supports and services.</p> <p>If "Yes" is chosen, explain the problems the individual indicates he/she is experiencing with the current supports and services.</p>
<p>Has the Individual or spouse served in the military?</p>	<p>Ask the Individual if he/she or his/her spouse served in the military. Choose "Yes" if the Individual indicates he/she or his/her spouse served in the military or "No" if the Individual indicates he/she or his/her spouse or spouse did not serve in the military.</p>
<p>Is the Individual aware of the referral?</p>	<p>Ask the Individual if he/she was aware of the referral. Choose "Yes" if the Individual indicates he/she was aware of the referral, "No" if the Individual indicates he/she was not aware of the referral or "Unknown" if it is not known if the Individual was aware of the referral.</p>
<p>Is the Individual in immediate danger?</p> <p>Explain:</p>	<p>Ask the Individual if he/she is in immediate danger. Choose "Yes" if the Individual indicates he/she is in immediate danger, "No" if the Individual indicates he/she is not in immediate danger or "unknown" if it is not known if the Individual is in immediate danger.</p> <p>If "Yes" is indicated, explain the immediate danger.</p>
<p>Is the Individual in need of immediate assistance?</p> <p>Explain:</p>	<p>Ask the Individual if he/she needs immediate assistance. Choose "Yes" if the Individual indicates he/she needs immediate assistance or "No" if the Individual indicates he/she does not need immediate assistance.</p> <p>If "Yes" is indicated, explain the Individual's need for immediate assistance.</p>
<p>Does the Individual want someone else to be present during the home visit?</p>	<p>Ask the Individual if he/she wants someone else to be present during the home visit. Choose "Yes" if the Individual indicates he/she wants someone else to be present during the home visit or "No" if the Individual indicates he/she does not want anyone else to be present during the home visit.</p>

If yes, who:	If "Yes" is indicated, provide the name(s) of the people the Individual would like to be present during the home visit.
What would be the best time and method to contact the Individual (if known): Time: Phone: () E-mail:	Ask the Individual what would be the best time and method to be contacted regarding the need for services and supports. Enter the preferred time, and method of contact (phone number and/or email to contact) for the Individual (if known).