



**Union County Senior Services**  
1800 SR 4, Suite D128  
Marysville, OH 43040  
phone: 937.644.9629  
[www.ucseniors.org](http://www.ucseniors.org)

# Referral Form

Please Fax to 937.578.0245

Date: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Phone / Beeper: \_\_\_\_\_

## Concerning

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthdate (must be 60+): \_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Discharge Date (if applicable): \_\_\_\_\_

## Primary Contact Person (if other than client)

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

Please check the services client is receiving through Medicare / Medicaid / Private Pay:

- RN       PT       OT       ST       PCA

Agency: \_\_\_\_\_

## Services Requested

- |  |   |
|--|---|
| <input type="checkbox"/> Homemaker                 | <input type="checkbox"/> Personal Care          |
| <input type="checkbox"/> Adult Day Services        | <input type="checkbox"/> Respite Care           |
| <input type="checkbox"/> Emergency Response System | <input type="checkbox"/> Home Delivered Meals   |
| <input type="checkbox"/> Other (list below)        | <input type="checkbox"/> Medical Transportation |

\_\_\_\_\_

Has client agreed to referral?  Yes  No

Have you obtained a signed / verbal release of information for this client?  Yes  No

Do you want to be contacted regarding the outcome of referral?  Yes  No

Comments / Special Considerations: \_\_\_\_\_