

Faith and Hope Independent Living, LLC

Office of Elderly and Disability Programs Referral Form

Date of Referral: / /		County/Parish:
Referral Client Name:		
Disability/Diagnosis: Client's Disabilities: (Must be specific.)		
Medicaid #	Medicare #	Private Insurance #
Client is at: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____		
ADL Deficits: (Check all that apply.) <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Ambulation <input type="checkbox"/> Transferring <input type="checkbox"/> Personal Hygiene	Services Requested: (Check all that apply.) <input type="checkbox"/> Homemaker (PCS) <input type="checkbox"/> Home Health <input type="checkbox"/> In Home Respite <input type="checkbox"/> Adult Day Care _____ <input type="checkbox"/> Escorted Transportation _____ <input type="checkbox"/> Home Delivered Meals _____ <input type="checkbox"/> Aids/Equipment & Supplies* _____ <input type="checkbox"/> Institutional Respite Service _____ <small>*For Medicaid, Medicare, and Private Insurance recipients, please verify that equipment/supplies are NOT covered by a third party <u>prior</u> to entering a referral. These items include, but are not limited to: hospital beds, wheelchairs, and hydraulic lifts.</small>	
Social Security # : - -	Date of Birth: / /	
Street Address:		
Mailing Address:		
Primary Phone # ()	Secondary Phone # ()	
Responsible Relative:	Contact Phone # ()	
Number in Household:		
Source of Income: <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Other _____		
Physician Name:	Physician Office # ()	
Physician Mailing Address:		
Referral Source: Faith & Hope Independent Living, LLC	Contact Phone # ()	
(For Office Use Only)		
Date Entered: / /	Entered By:	Program Type Selected:

Revised 7.30.14

Faith & Hope is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Faith & Hope depends solely on your qualifications