

REFERRAL FORM

P.O. Box 314, Vincennes, IN 47591/Phone 800-742-9002/Fax 812-888-4568 generationsnetwork.org
generations@vinu.edu

Client or Client Representative: I give permission for my clinical provider to give my name, address, phone number, and the client information below to Generations so that a phone options counselor from Generations may contact me or my personal representative about options that are available to me and my family. I understand that Generations may provide feedback to my clinical provider based on our contact. Client must agree to any assessment for services. If client cannot be reached due to incorrect contact information, the referral will not be completed.

D-SNP Referral Y / N		Client Consent Y/ N		Date:	
Client's Name:			Email:		
DOB:		AGE		Phone:	
SS#:		Address:		City:	
Zip:		Sex: M F		Marital Status: S W D M	
Medicaid #:		Type of Medicaid		Military Vet: Y / N	
Type of Housing:		Medicare: Y / N #		Type of Medicare	
Preferred Primary Contact Person:			Contact Email:		Contact Phone #:
Contact Address:			City:		Zip:
Primary Caregiver: Y / N	POA Y / N	Guardian Y / N	Relationship to Client		Contact DOB
Professional/Clinical Referral Agency Name:			Contact Name:		
Agency Contact Number:			Agency Contact Email:		
Primary Physician:			Phone:		
Memory Deficits: Y / N	Communication Deficits: Y / N	Preferred Method of Communication:			
		Home Phone	Cell Phone	Email	Mail
Medical Condition/Primary Disability/Diagnosis:					
Dementia Diagnosis: Please Explain:					
IDENTIFY CLIENT NEEDS (CHECK ALL THAT APPLY) ONE CHECKMARK IS REQUIRED TO SUBMIT					
General Information about Services/Support			Assistance with Personal Care (such as bathing, dressing, toileting, etc.)		
Caregiver Support/Respite			Personal Emergency Response System		
Home Modifications/Repairs/Accessibility			Housing (independent, assisted living, nursing facilities)		
Meals (home delivered, meal sites, meal prep, food)			Medical Supplies/Equipment		
Medicare/Medicaid Counseling			Public Benefit Application Assistance (SNAP)		
Support Groups/Senior Activities			Transportation		
Dementia Care Support/Dementia Counseling			Other		