Generations
Area 13 Agency On Aging & Disability
A member of the INconnect Alliance.

REFERRAL FORM

P.O. Box 314, Vincennes, IN 47591/Phone 800-742-9002/Fax 812-888-4568
generationsnetwork.org/generationsdailylivingadvice.com
email: 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.

☐ Client/Client Representative consents to this referral.

Date:

Client's Name:		**Email:**		
DOB:		**SS#:**	**Phone:**	
Address:		**City:**	**Zip:**	
Sex: M F	**Marital Status: S W D M**	**Medicaid #:**	**Household Size:**	**Military Vet: Y / N**
Preferred Primary Contact Person:		**Relationship to Client:**	**POA: Y / N** **Guardian: Y / N**	
Contact Address:		**City:**	**Zip:**	
Contact Phone #:		**Contact Email:**		
Professional/Clinical Referral Agency Name:		**Contact Name:**		
Agency Contact Number:		**Agency Contact Email:**		
Primary Physician:		**Phone:**		
Homebound: Y / N		**Communication deficits: Y / N** **Explain**		
Preferred Method of Communication:	**Home Phone**	**Cell Phone**	**Email**	**Mail**
Medical Condition/Primary Disability/Diagnosis:				

	IDENITIFY CLIENT NEEDS (CHECK ALL THAT APPLY) ONE CHECKMARK IS REQUIRED TO SUBMIT		
	General Information about Long Term 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**
	Other:		