

Referral form

Options Counseling
Case Management



Referral source information Minimum required fields indicated by (*)

*Referral date:

*Is the client aware of the referral and provided a program description? yes no

*Referred by/relationship to the client: self caregiver family professional

*Name:

*Role:

*Agency:

*Phone Number:

Email:

Client Information

*Client name:

*Date of birth (DOB):

*Street Address:

*City and ZIP code:

*County:

*Phone number(s):

*Preferred Language:

*Refugee/Asylee Status: yes no *If yes, date of arrival or date of status: A-number:

Additional contact information (family/friends/power of attorney/caregiver[s])

*Name:

Phone Number:

*Name:

Phone Number:

Insurance information

Medicare number:

Part B/D or Advantage Plan number:

Social Security number:

Is a veteran? yes no

Medicaid number:

1B case number:

Other insurance/discounts:

If you are unsure if a referral is appropriate,
please call 303-480-6700 or email
ADRCreferrals@drcog.org to discuss the situation.

Safety Concerns (check all that apply) Must be completed before home visit will be considered.

domestic violence hoarding infestations animals in home weapons in home
substance abuse/use mental health concerns cognitive impairments other concerns

Please elaborate:

Current living situation: alone with others

Reason for referral for services (services needed): Please be as specific as possible in these sections. Give details about the individual's needs. For example, if an individual requires in-home care, state whether they need house cleaning, personal care or skilled nursing assistance such as medication management.

What current services and benefits are established? (For example: Medicare, Medicaid, food stamps, Supplemental Security Income, home and community-based services, housing placement services, case management.)

Is there a support system in place? (For example: service providers, family or friends.)

Monthly income (please include source)?

What service needs are the priority?

* How would services benefit this individual?

If you have difficulty using this document's content, please email access@drcog.org or call 303-455-1000.

