AGING AND DISABILITY RESOURCE CENTER OF BROWARD COUNTY (ADRC)

REFERRAL FORM for Funded Services. Please complete and fax to **(954) 745-9566**.

Referral Date: ____________________ Person Making This Referral: ________________________________

Agency or Organization: ____ ☐ No Need to Reply/Update

Phone: ____________________ Fax: ____________________ E-mail: ________________________

Original Referral Source (Self, Relative, Case Manager, etc.):________________________ Phone#:______________

CONSUMER INFORMATION: CIRTS Owner ID#: ______________

Name: ____ Phone: ________________________

SSN: ______________________________ CIRTS ID#: ____________________ Age:_________

Address: ____ DOB: ____________________

City: ____________________________________ Zip Code: __________________ ALF? _______

Medicaid: Yes____ No____ If Yes: 10 Digit # ______________________ Program Code:__________

Primary Caregiver: Yes____ No____ Lives with CG: Yes____ No____ Live Alone: Yes____ No____

Caregiver Name: ________________________________ Relationship: ________________________

Caregiver Phone Number: ___________________________ Additional #: ______________________

Dementia Diagnosis: Yes___ No___ In CIRTS Date: 701A _________ 701B _________ 701S_________

Consumer is: ☐ Veteran ☐ Spouse of a Veteran ☐ Dependent of a Veteran

Individual Income: _______________ Couple's: _______________

Individual Assets: _______________ Couple's: _______________

Geographic Preference for **ADC**, **ALF** or **NH**: ____

Additional Data:

SCREENER INFORMATION:	Notes: Date :______________
Name:	
Agency:	
Phone :	
Fax:	

FUNDED SERVICES REQUESTED:

Services Needed	Frequency	Units	Services Needed	Frequency	Units

Referrals made by the ADRC to PSA 10 Projects as "APPL" are understood to have been option counseled, screened, and found likely to meet funded program eligibility requirements. It is the responsibility of the PSA 10 Project to complete all required assessment, care plan, and information verification activities to ensure that the referred client does in fact meet the funded program eligibility requirements.

ADRC Referral Form Revised 102013\102014\Oct2015 This form replaces all previous forms.