



**SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY
INFORMATION AND ASSISTANCE REFERRAL FORM**

TOLL FREE 1-866-836-6678

REFERRAL PROCESS

1. Client and/or family member must be aware of SETAAAD services and that this referral is being submitted.
2. Referral information form must be **fully completed**.
3. Client and/or family member **and** referring individual (caseworker/case manager) signatures **must** be present and dated at the bottom of form.
4. If referral is **not complete**, it will be **returned to referring individual**.
5. **Completed forms should be faxed to 423-424-4225** or mailed to SETAAAD I&A at P.O. Box 4757, Chattanooga, TN 37405.

Date _____	Referring Agency _____	Referring Individual _____
Client's Name _____		Date of Birth _____
S.S. No. _____	Telephone _____	
Address _____		City, State, Zip _____
Client Lives: <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With child <input type="checkbox"/> Other		Monthly Income _____
Primary Caregiver/Family Member Name _____		Telephone _____
Who do we contact for a telephone screening? _____		Telephone _____
What assistance does the client need? (Check all that apply)		
<input type="checkbox"/> CHOICES	<input type="checkbox"/> Bathing/personal care	<input type="checkbox"/> Housecleaning/Homemaker Services
<input type="checkbox"/> Respite Care Services	<input type="checkbox"/> Other _____	

SIGNATURES FOR RELEASE OF INFORMATION

By my signature I approve this referral and give the above referenced agency permission to provide the Southeast Tennessee Area Agency on Aging & Disability (SETAAAD) the information listed above. I further permit SETAAAD to contact me for the purpose of assessing my eligibility for their service programs. I understand this information will be kept confidential and will not be share without my written consent.

Client or Family Member & Relationship Signature

Date

I have made the above client or family member aware that this referral is being made and have completed this information with their help and approval.

Referring Individual Signature

Date