



INFORMATION AND ASSISTANCE REFERRAL FORM

Phone: 1-866-836-6678 Fax: 423-424-4225

REFERRAL PROCESS

1. Client and/or family member must be aware of SETAAAD services and that this referral is being submitted. Please inform the individual and his/her family prior to forwarding the Referral Form.
2. Please write legibly and provide as much of the requested information as possible.
3. Completed forms should be faxed to (423) 424-4225 or mailed to SETAAAD I&A at PO Box 4757, Chattanooga, TN 37405.

REFERRAL SOURCE INFORMATION

Referred By: _____ Phone: _____

Agency/Relationship: _____ Fax: _____

If you would like a follow-up about your referral, please provide best phone number.

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

Referring Individual Signature: _____ Date: _____

CONSUMER INFORMATION

Consumer's Name: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Address: _____

City: _____ Zip: _____ County: _____

Primary Phone: _____ Secondary Phone: _____

Does the consumer have dementia or any other condition that prevents him/her from participating in the screening? _____ Yes _____ No *If yes, please list a contact person.*

Contact Name: _____ Relationship to consumer: _____

Primary Phone: _____ Secondary Phone: _____

ASSISTANCE NEEDED

___ CHOICES ___ Bathing/Personal Care ___ House Cleaning/Homemaker Services

___ Meals ___ Respite Care Services ___ Other _____

SIGNATURES FOR RELEASE OF INFORMATION

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

Client or Family Member Signature: _____

Relationship if not client: _____ Date: _____