



Aging & Disability Resource Center: 812-464-7817 available Monday through Friday 8:00AM-4:00PM

**Referral form for Options Counseling and Long-Term Services and Supports**

**Please FAX the 2-page referral form to 812-464-7843, or MAIL to  
Attn: ADRC  
SWIRCA  
16 W. Virginia St  
Evansville, IN 47710**

**Client or Client Representative:** I give permission for my clinical provider to give my name, address, phone number, and the client information below to SWIRCA & More so that a phone options counselor from SWIRCA & More may contact me or my personal representative about options that are available to me and my family. I understand that SWIRCA & More may provide feedback to my clinical provider based on our contact.  Client/Client Representative consents to this referral

**Date:** \_\_\_\_\_

***Please Print Your Information Below***

**Client's Name** (person needing assistance) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Primary disability type or diagnoses: \_\_\_\_\_  
\_\_\_\_\_

**Preferred point of contact (if not client)** \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Contact person: Phone \_\_\_\_\_, Email \_\_\_\_\_

**Professional or Clinical Referrals:**

Referral Source Name: \_\_\_\_\_ Agency/Clinic Name: \_\_\_\_\_

Contact Information: Phone \_\_\_\_\_, Email \_\_\_\_\_

**Disclaimer:** Client must agree to any assessment for services. If client cannot be reached due to incorrect contact information provided referral will not be completed.

**Identify client needs check all that apply** (*one checkmark is required to submit*):

- General information about long term services and supports
- Assistance with personal care (such as bathing, dressing, toileting, etc)
- Caregiver support/respite
- Emergency response alert buttons
- Home modifications/repairs/accessibility
- Housing (independent, assisted living, nursing facilities)
- Meals (home-delivered, meals sites, meal prep)
- Medical supplies or equipment (ex. adult diapers)
- Medicare or Medicaid counseling
- Public benefits application assistance (ex. SNAP)
- Support groups/friendly visiting/senior activities
- Transportation
- Other: \_\_\_\_\_  
\_\_\_\_\_

Additional information:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_