



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/respice
- 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: _____