



Referral Form Guidelines

The purpose of the referral form is to streamline and standardize consumer's access to community long-term services and supports. These guidelines are intended to provide directions for completing the referral form for consumers by clarifying questions and providing instructions.

Step 1: Date sent box (fill in accordingly)

Step 2: Referral Sources

- In the "To" box fill in the organization's information regarding where the client is being referred to and in the "From" box fill in your organization's information.

Step 3: Communication

- Answer questions pertaining to communication with client and the reason for the referral.

Step 4: Client Contact Information (Fill in accordingly)

Step 5: Needs Assessment

- There are three questions pertaining to activities of daily living, instrumental activities of daily living, and mental health conditions.
 - Please check off **all** conditions o which you are aware that apply to the consumer you are referring.
- There are three open-ended sentences that ask for any medical conditions/diagnoses, behavioral supports, and any psychiatric/mental health concerns.
 - This is not meant to be an exhaustive list, but a general overview of concerns.

Step 6: Additional Forms

- Please check off any forms you are attaching.
- If the form is not listed, please write in the specific form you are sending.

Step 7: Additional Information

- List any other pertinent information the consumer would like to share.
 - Note: Only write down what the consumer would like to disclose.

Step 8: Signing Consent Forms

- Allow the consumer to review the referral form.
- Upon approval of the referral form, it is required that the Patient/Guardian sign and date the consent form in each space (3 spots) allotted.