

DELAWARE COUNTY SERVICES FOR THE AGING  
Pre-admission Referral Cover Sheet

CONSUMER INFORMATION

Name: \_\_\_\_\_  
(last) (first) (middle)

Home address: \_\_\_\_\_  
(town) (zip)

Phone: \_\_\_\_\_ Social Security \_\_\_\_\_

Sex: \_\_\_\_\_ DOB \_\_\_\_\_ Language \_\_\_\_\_ Marital status \_\_\_\_\_

CONTACT INFORMATION (family/interested party)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone :home \_\_\_\_\_ work \_\_\_\_\_ email \_\_\_\_\_

PROFESSIONAL CONTACT (referral person)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_ Admission date: \_\_\_\_\_

REFERRING PHYSICIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

INSURANCE

Medicare # \_\_\_\_\_ MA # \_\_\_\_\_

Other: \_\_\_\_\_

REASON FOR REFERRAL (check one)

- access MA nursing home payment (include MA51, PASRR)
- OBRA... private and for MA payment (include MA51, PASRR, supporting documents)
- boarding/dom care home ..new or recert (include MA51, additional documents)
- PDA Waiver Program (include MA51, PA600, PA4)
- Nursing Home Diversion ..under age 60
- Life at Home

-----For Professional Referrals-----

Pre-admission referrals should be faxed (610-490-1600) or mailed atten: PAA Unit.

\*NOTE: Care Management referrals should be faxed ( 610-490-1500) atten: I&A

9/27/07