

IN SYNERGY?

Senior Services
Fax to 325-8025

MAP PAGE
GRID NO.

Zone#
HDM Route #

SECOND REFERRAL?
THIRD REFERRAL?

IF THIS IS A 2ND REFERRAL, CHECK COMMENTS AT BOTTOM OF PAGE.

WASHOE COUNTY SENIOR SERVICES SOCIAL SERVICES REFERRAL

DATE: TAKEN BY:

NAME: SPOUSE:

ADDRESS:

PHONE: *Please get Zip Code* D.O.B: INCOME:

SOCIAL SECURITY NUMBER: *TOTAL household!! Including Investments, IRA, Pensions, etc.*

If two people requesting service list (1) SSA No.(Client being referred) (2) SSA No. (Spouse)

AMBULATION STATUS (CANE, WALKER, WHEELCHAIR):

HEALTH/PHYSICAL CONDITION ie: REASON FOR REFERRAL:

SUPPORT SYSTEM (FAMILY, FRIENDS, NEIGHBORS):

LIVES ALONE: LIVES/OTHERS - IF YES, WHO?

SERVICES BEING REQUESTED

BENEFIT ASST CASE MGMT REP PAYEE:
HDM's: HMKR: CHIP CLIENT?
ADULT DAYCARE: *Please ask if CHIP client, or if receiving HMKR through other agency.*

COMMUNITY SERVICES IN PLACE:

REFERRED BY: PHONE#

COMMENTS:

CALLS OTHER THAN ORIGINAL REFERRAL: