![independence at home — A SCAN COMMUNITY SERVICE]

INDEPENDENCE AT HOME REFERRAL FORM

Please check-off the program(s) you would like to refer the client to:

Therapy/Counseling (Insights)   Cyber Senior Program   ☐   Homeless Services (available in Los Angeles, Riverside & San Bernardino Counties)

☐ Multipurpose Senior Services Program (MSSP)   *Applicants for MSSP will be contacted for additional information*

REFERRAL SOURCE

Referral by:		Date:	
Phone:		Email:	
Zip Code:			

How did you hear about our agency? (select one)	☐Social Worker ☐Family ☐Friend ☐Internet/Online Search ☐IHSS ☐APS ☐Independence at Home staff ☐Medical Group/Health Plan ☐Community Based Organizations ☐Community Event ☐RSC ☐SCAN Newsletter ☐SCAN Representative ☐Marketing Meeting
Relationship to applicant (select one) :	☐Self ☐Social Worker ☐Family ☐Friend/Neighbor ☐Caregiver ☐Care Manager ☐APS ☐Independence at Home staff ☐Medical Group/Health Plan ☐Nurse ☐Physician's Office ☐RSC ☐Other (specify):
Referring Organization (if applicable):	

APPLICANT INFORMATION

First Name:		Middle		Last Name:	
DOB:		Gender:	☐Female ☐Male ☐Transgender		
Preferred language:	☐English ☐Spanish ☐Other:		Needs interpreter? ☐Y ☐N		
Address:		City:			
State:		Zip:	County:		
Phone:		Mailing Address (if different from above):		Is applicant a SCAN Health Plan member? ☐Y ☐N	

Is applicant a caregiver for someone 55 or over?   ☐Y ☐N

Does applicant have Medi-Cal?   ☐Y ☐N   *Answer this question for MSSP referrals only*

Does the applicant know that a referral is being made?   ☐Y ☐N   *If no, please inform applicant about referral.*

ADDITIONAL INFORMATION OF REFERRED APPLICANT:

Please note details/reason for referral:
Entering note details/reason for referral is also an option
under this boxed area as well.

To Be Completed by IAH staff

Form Completed By:		Screening Date Completed:	
Screening Completed With:		Method of Intake: ☐Phone ☐In-person ☐Fax ☐E-mail	

Please Email or Fax the Completed Form To
Email: communityoutreach@scanhealthplan.com **| Fax:** (562) 492-9236 **| Phone:** (866) 421-1964

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