INDEPENDENCE AT HOME REFERRAL FORM (Los Angeles & Orange County)

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

☐ Medication Safety (C-MEDS) ☐ Case Management (COACH) ☐ Therapy/Counseling (Insights)
☐ Friendly Caller/Visitor ☐ Technology Classes (Cyber Senior)
☐ 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 Organization ☐ 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 Agency:			

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.	

OFFICE USE ONLY	
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