

CPMA OPTIONS-NEW REFERRAL-MASSHEALTH PCA PROGRAM



ATTENTION INTAKE COORDINATOR

FAX NUMBER: 877-867-1890

| | | | |
|---|---------------------|--|--------------------------------------|
| Referral BY: | | Date: | |
| Relationship to Consumer | | phone | |
| Contact Person | | phone | |
| Consumer Name | | phone | |
| MassHealth MMBR# | | SS# | |
| Home Address: | | | |
| Current Address: | | | |
| Mailing Address: | | | |
| Disability/Diagnoses Per Doctor: | | ADLs/Physical Assistance Needed (check Needs) | |
| | | Transfers/Mobility | |
| | | Medications | |
| | | Eating | |
| | | Passive Range of Motion | |
| | | Bathing/Grooming | |
| | | Dressing/Undressing | |
| | | Toileting | |
| Specifics | | | |
| Salutation: | DOB: | Gender: | Marital Status: Language: |
| <u>Living Arrangement (check all that apply)</u> | | <u>Living With (check all that apply)</u> | |
| Lives with family | Transitional Living | Mother | Father Spouse |
| Lives Independently | DDS (specify) | Alone | Children (number and ages)3- 15,11,6 |
| Foster Home/DCF or MH: | | Siblings (number) | Roommates (number) |
| Other, including other state-funded residential supports: | | Other (specify) | |
| Contact for Eval: | | Phone | |
| Guardian: | | Phone | |
| Guardian Address: | | | |
| Surrogate: | | Phone: | Relationship: |
| Surrogate Address: | | City State Zip | |
| PCP Name: | | Phone: | Fax: |
| PCP Address: | | City State Zip | |
| Services | | | |
| PT | OT | HHA | DDS |
| | | HOMEMAKING | MOW |
| | | CHOICES | ADULT FOSTER CARE |
| VNA | VNA Agency | | 485 Requested |

COMMENTS OR REQUEST: