PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) REFERRAL

This is a referral for enrollment in the PACE Program. Enrollment is strictly voluntary. If you meet all of the eligibility requirements for enrollment, and you agree to obtain all of your health and health-related services through the PACE Program at _____, and you complete an application for Medicaid, you may be eligible for PACE Program services. **Please Print**

Applicant's Name: First Last	Social Security Number __ __ __ - __ __ - __ __ __ __
Street Address (Apartment #)	Date of Birth (Mo./Day/Yr.) __ __ / __ __ / __ __ __ __
City, State, and Zip Code	Phone Number (__ __ __)__ __ __ -__ __ __ __
Caregiver's Name & Phone #:_____(___)__-____ Authorized Rep.'s Name & Phone#:_____(____)____-____	County
Does Applicant have a Legal Guardian? ☐Yes ☐ No Full Name of Guardian:_____	Phone Number of Legal Guardian, if applicable (__ __ __)__ __ __ - __ __ __ __
Is there a Spouse living in the home? ☐ Yes ☐ No Are there other dependents living in the home? ☐Yes ☐ No If Yes, Name and Relationship of Dependent(s): Name Relationship to Applicant _____ _____ _____ _____ _____ _____	Referral Source: ☐ PACE Site ☐ CDHS ☐ HSF ☐ PASSPORT ☐ Other_____

This Block Must Be Completed By the County Department of Human Services

Is the individual currently on Medicaid? ☐ Yes ☐ No If Yes, is MAJ Open? ☐ Yes ☐ No If No, has Institutional Budget been run? ☐ Yes ☐ No	Spend-Down Amount, if Applicable: $_____/Mo. Patient Liability Amount, if Applicable: $_____/Mo.	
MMIS Billing Number:	County:	
CDHS Case Worker Name (Please Print) First Last	Unique ID Number	Phone Number ( ) _____-_____
Name, Address, and Phone Number of Health Insurance Company		

If health and/or accident insurance or insurance settlement is available, include copies of health and accident/injury information forms ODHS 6612 and/or ODHS 6613.

Signature of Individual in Need of PACE Services, or Legal Guardian, or Authorized Representative	Date
Signature of Person Who Helped Complete Referral	Date
Signature of CDHS Case Worker	Date Referral Received by CDHS

AN ODHS 7100 OR ODHS 7200 COMMON APPLICATION FORM MUST BE ATTACHED TO THIS REFERRAL WHEN SUBMITTED TO CDHS

*Distribution Instructions by referral source: **PACE Site**– Original Referral form and Application Form to CDHS PACE Coordinator, copy of Referral to Applicant, copy of Referral to Applicant record at Site. HSF, PASSPORT, Other– Copy of Referral to applicant, Original Referral and Application to CDHS PACE Coordinator, Copy of Referral to PACE Site. CDHS–Both Referral and Application originals to CDHS PACE Coordinator, copy of Referral to Applicant, copy of Referral to PACE Site.*