

VOLUNTEERS OF AMERICA OREGON
Adult Day Services Referral Form

- LAMBERT HOUSE EAST** (MID/EAST COUNTY)
Phone: (503)760-2075 Fax: (503)760-2192
- SUNDANCE**
Phone: (503)760-2075 Fax: (503)760-2192
- MARIE SMITH CENTER** (N/NE/NW PORTLAND)
Phone: (503)335-9980 Fax: (503)335-0993

Referral Source:

- ADVS/Medicaid VA
 State -OR- Brokerage Hospital Discharge Planner
 Private Case Manager Adult Care Home
 Providence ElderPlace OPI
 Other:

Client Information

- Name:
- Address:
- City: Zip:
- Home Phone:
- DOB: Sex/Gender:
- Marital Status:
- Religious Preference:
- Ethnicity:
- Diagnosis:
- Cognitive Impairment Stroke Diabetes
- Musculoskeletal Disorder Depression
- Emotional Health
- Other:
- Special Diet:
- Allergies:
- Functional Needs:
- Wheelchair Walker Cane Quad Cane
- Glasses Hearing Aide(s)
- Primary Physician:
- Hospital Preference:

Billing Information: *Please sign and authorize!*

- Max. Days Authorized: per week per month
-OR-
Max. Hours Authorized: per week per month
- Name of person authorizing:
- Billing Address:
- ADVS branch/OPI branch -OR- Brokerage Firm:
- OPI/Medicaid #:
- Case Manager:
- Phone #:

Reason for Requesting Services:

- Respite Working Caregiver Behavioral Expressions
- Healthcare Issues Other:

Caregiver/Primary Contact Information:

- Name:
- Relation to client:
- Address:
- City: Zip:
- Home Phone #:
- Work/Cell Phone #:

Email:

Transportation:

- Tri-Met Lift Caregiver
 Ride to Care Ride Connection

*For INTERNAL use only:

*Tour: _____ *Intake _____

*First Day: _____ *Days Attending: _____

You may also fill out a referral form online at www.voaor.org