R.A.I.N. Home Attendant Services, Inc.

811 Morris Park Avenue | Bronx, NY 10462 | 718.829.2131 | raininc.org

Serving the Community Since 1964

REFERRAL FORM - *please call to confirm fax*

REFERRAL DATE: ________________

Last Name:______________________________**Middle Initial**: ____ **First Name**:_______________________________

Address:____ **Apt #**:____________________

City:________________ **State**: _______ **Zip Code**:________________

Primary Language:_________________ ***Home Phone #:***__________________***Mobile Phone #***:__________________

Gender: Male Female **Date of Birth**:______________ **Social Security #**:_______________________

Emergency Contact_____________________________**Relationship**_______________**Phone #**:___________________

Medicaid #:________________**Medicare #**:________________ **Other Insurance**:______________________________

If Client doesn't have Medicaid, do they want to apply? **Yes** **No**

Client's Medical Provider:____________________________________ **Tel. Number:**___________________________

Was Client informed of referral? Yes No **Best time to call Client:** ___________________________

Does Client Currently Receive Service from Another Home Care Agency? ***Yes*** **No**

If Yes, Name of Agency:_________________________________ ***Hours Receiving***: ________ Hours ________ Days

REASON FOR REFERRAL:

Home Care Medicaid Assistance Transportation Meals on Wheels Other

Please list any medical problems the client is experiencing:

____

____

____

Is there anything else we should know about the client's home care needs?

____

____

____

REFERRAL SOURCE INFORMATION

*Name and Title:*____*Organization:*______________________

*Tel #:*____________________________*Fax #:*____________________________*Email:*___________________________

Address: ____ *City:* __________ *State:* _______ *Zip Code:* ______________

Physician Signature: ____ *NPI #*__________________ *Date:* __________

***Submission Instructions: FAX to 718-409-3970 - Attention: Intake/Referral Department – 718-829-2131 Ext. 129, 109 or 172**

Rev. January 2021

Please call to confirm receipt of fax