## Adult Day Service Referral

All fields are required unless "optional" is indicated in the field.

### 1. Referral To:

### 2. Referral From:
- HCS
- AAA

### 3. Date of Referral

### 4. Provider Authorization Number

### 5. Client’s Name (Last, First, Middle Initial)

### 6. Date of Birth

### 7. Phone Number (And Area Code)

### 8. ACES ID Number

### 9. Client’s Address: Street

### 10. Primary Caregiver’s Name or Agency Name

### 11. Phone Number of Agency (And Area Code)

### 12. Referred Program
- [ ] Adult Day Care
- [ ] Adult Day Health
- [ ] To be determined at the center

### 13. Reason for Referral
- [ ] Unstable / potentially unstable diagnosis
- [ ] Client has one or more of the following diagnoses (check all that apply):
  - [ ] Diabetes
  - [ ] CHF
  - [ ] COPD
  - [ ] Recurrent UTI’s
  - [ ] Edema
  - [ ] Dementia
  - [ ] Obesity
  - [ ] Stroke
  - [ ] ALS
  - [ ] Parkinson’s
  - [ ] TBI
  - [ ] MS
  - [ ] Other:

- [ ] Medication regimen affecting plan of care
- [ ] Mobility issues affect plan of care
  - Client has one or more of the following conditions (check all that apply):
    - [ ] Poor balance
    - [ ] Poor transfers
    - [ ] Fall history
    - [ ] Deconditioning
    - [ ] Unsteady gait
    - [ ] Poor hand / eye coordination
    - [ ] Limited ROM
    - [ ] Uses wheelchair
    - [ ] Uses walker
    - [ ] Uses cane

- [ ] Current or potential skin problem
- [ ] Nutritional status affecting plan of care
- [ ] Other:

### 14. Requested Activity (Check All That Apply)

- [ ] Nursing Assessment
- [ ] OT Assessment
- [ ] PT Assessment
- [ ] Speech Assessment
- [ ] Audiology Assessment
- [ ] Social Work consult
- [ ] Rehab Assessment
- [ ] Other:

### 15. Additional Information

### 16. Referring Case Manager’s Name

<table>
<thead>
<tr>
<th>Phone Number (And Area Code)</th>
<th>Fax Number (And Area Code)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
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</table>

**Important:** Please be sure to fax or email current CARE Assessment with referral

### Confirmation of Acceptance

- [ ] Referral received; date received:
- [ ] Referral accepted
- [ ] Referral not accepted; reason(s):

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ADULT DAY SERVICE REFERRAL
DSHS 10-580 (06/2017)
Adult Day Service Referral Instructions

All fields are required unless “optional” is indicated in the field.

1. Referral To: Enter the adult day centers name.
2. Referred From: Identify what office the referral is being sent from.
3. Date of Referral: Enter date referral was sent to adult day center.
4. Provider Authorization Number: Enter approved adult day center authorization number.
5. Client’s Name: Enter client’s full name (last, first, and MI).
6. Date of Birth: Enter client’s date of birth (month, day, and year).
7. Telephone Number: Enter client’s telephone number, include area code.
8. ACES ID: Enter client’s ACES ID.
9. Client’s Address: Enter client’s physical address (house address, city, state, zip code).
10. Primary Caregiver’s Name or Agency Name: Enter the name or agency name of client’s primary caregiver.
11. Telephone number of Agency: If an agency is the client’s primary caregiver, list the agency phone number, include area code.
12. Referral Program: Identify which program the client’s is being referred to. If unable to determine, check “to be determined at the center.”
13. Reason for Referral: Identify why the client is being referred to adult day services. If reason is not identified on the referral form, indicate why under “other”.
14. Requested Activity: Identify what activity the client is being referred for. If reason is not identified on the referral form, indicate what activity under “other”.
15. Additional Information: Enter additional information which is pertinent to the client’s care or useful for the adult day center to know.
16. Referring Case Manager’s Name / Title, Phone, Fax number, and Email address: Enter the name and title of the referring case manager with contact information (telephone, fax, and email address).

Confirmation of Acceptance: The adult day center will respond to the referral within two business days, acknowledging receipt of referral as illustrated by a date and response.