



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
PO BOX 45600  
OLYMPIA WA 98504-5600

<b>PRIORITY SITUATION ONLY</b>
DATE SERVICE NEEDED

**VOLUNTEER CHORE SERVICE REFERRAL**

**SECTION I. TO BE COMPLETED BY THE HCS/AAA/DDA SERVICE WORKER MAKING THE REFERRAL**

1. CLIENT NAME		2. BIRTHDATE		3. CASE NUMBER	
4. CLIENT ADDRESS		CITY		STATE ZIP CODE	
5. TELEPHONE NUMBER		6. CLIENT LIVES (CHECK ONE) <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Others		7. REFERRAL TYPE <input type="checkbox"/> New <input type="checkbox"/> Client Review	
				8. MONTHLY INCOME \$	
9. RACE/ETHNICITY <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native				10. <input type="checkbox"/> Limited or no English IF CHECKED, CLIENT'S PREFERRED LANGUAGE:	
				<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (specify):	

**HCS/AAA/DDA may authorize department-paid Chore services for clients eligible for 5 hours or less of service a month only after notification that a volunteer is not available.**

11. Reason for referral:  
 a. Client eligible for 5 hours or less of Chore service a month.  
 b. Client ineligible for paid services because income and/or resources exceed eligibility requirements.  
 c. Client ineligible for paid services because personal care tasks are not needed.  
 d. Client requests tasks not paid for by the department (e.g., yard care).  
 e. Client is on Chore service waiting list.  
 f. Client declines state-funded services due to income participation requirements and/or estate recovery.

12; Tasks requiring VCS assistance:

13. Provide relevant client information which will assist in assigning a volunteer (e.g., health condition, living situation, available family support, special circumstances):

14. HCS/AAA/DDA SERVICE WORKER SIGNATURE	15. TELEPHONE NUMBER	16. REPORTING UNIT NUMBER	17. DATE OF REFERRAL
--	----------------------	---------------------------	----------------------

**SECTION II. TO BE COMPLETED BY THE VCS AGENCY**

18. VCS AGENCY NAME	19. DATE REFERRAL RECEIVED	21. Is volunteer available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	20. SERVICE BEGIN DATE	

22. Reason service is not provided:

23 <input type="checkbox"/> Client will call as help is needed. <input type="checkbox"/> Client declines services.	24. Referral made to other resource(s) (must have client consent for referrals made on client's behalf):
---	--

25. DATE HCS/AAA/DDA NOTIFIED	METHOD OF FOLLOW-UP <input type="checkbox"/> Form <input type="checkbox"/> Telephone	26. VCS AGENCY WORKER SIGNATURE
-------------------------------	---	---------------------------------

DSHS 15-184 (REV. 05/1996) DISTRIBUTION: White - Service Record Yellow - AL TSA Pink - VCS Pending Goldenrod - HCS/AAA/DDA Pending

## INSTRUCTIONS

**Enter the date service should begin if this case is a priority situation.**

### SECTION I

To be completed by the Home and Community Services (HCS)/Area Agency on Aging (AAA)/ Developmental Disabilities Administration (DDA) Service Worker making the referral.

- 1-6. Self-explanatory.
7. Check whether referral is for an applicant (NEW) or continuing client (CLIENT REVIEW).
8. Enter the approximate monthly income of the client or enter SSI if the client receives Supplemental Security Income.
9. Enter race/ethnicity client considers self to be, unless client chooses not to respond.
10. If the client has limited or no English, check this box. If this box is checked, write in the client's preferred language.
11. Check appropriate box.
12. Enter tasks to be performed by the volunteer provider (such as transportation to medical services, essential shopping, house/yard work, meal preparations, etc.).
13. Enter relevant client information which will assist in assigning an appropriate volunteer (such as physical/health condition, emotional condition, unique living environment, available family support, any special circumstances, etc.).
14. Signature of HCS/AAA/DDA service worker.
15. Enter the telephone number for the HCS/AAA/DDA service worker
16. Enter the appropriate Reporting Unit (RU) number.
17. Enter the date the referral is made to the VCS Agency.

### SECTION II

To be completed by the VCS program agency.

18. VCS Agency Name: Enter the name of the Volunteer Chore Service program agency.
19. Date Referral Received: Enter the date the referral was received.
20. Enter the date service will begin.
21. Check whether or not a volunteer is able to provide service to the client.
22. If service will not be provided, give reason why. For example, no volunteer available; services required are not within the scope of the agency; etc. **This is particularly important and necessary for clients requiring five hours or less of Chore service per month.**
23. Check the appropriate box.
24. List the resource(s) to which the client was referred.
25. Enter the date referring office service worker was notified of availability of Volunteer Chore Services and indicate the method of notification.
26. Signature of VCS agency worker who completes the form and processes the referral.

**ROUTING AND DISTRIBUTION:** Referring Office (HCS/AAA/DDA) completes SECTION I, retains the goldenrod copy and forwards the original and all other copies to the VCS Agency. The VCS Agency completes SECTION II, retains the pink copy and returns all other copies to the Referring Office. The Referring Office files the returned original in the Service Record and forwards the returned yellow copy to AL TSA.