Redwood Coast PACE
Program of All-inclusive Care for the Elderly
A program of the Humboldt Senior Resource Center

Referral Form

Date: **Individual making referral:**

Organization: Phone: Email:

Potential participant's name: Gender: ☐ M ☐ F Other:

Home address: City: State: Zip:

Home phone: Cell phone:

Mailing address (*if different from above*): City: State: Zip:

Date of birth: Age:

SS#: Medi-Cal #: Medicare #:

Primary language spoken: ☐ English ☐ Spanish Other:

Family/friend contact: Relationship:

Address: City: State: Zip:

Daytime phone: Cell phone: Email:

Should this person be contacted for intake appointments? ☐ Yes ☐ No

Alternate contact: Relationship:

Address: City: State: Zip:

Daytime phone: Cell phone: Email:

Should this person be contacted for intake appointments? ☐ Yes ☐ No

How did the applicant hear about Redwood Coast PACE? *(check all that apply)*

☐ TV ad ☐ Print ad ☐ Medical professional ☐ Current PACE participant ☐ Word of mouth ☐ Self

☐ Social work referral Other:

Thank you for your referral.

Please email this completed form to ***PACE@humsenior.org*** or **fax to 707-443-3498**. Phone referrals can be made by calling **707-443-9747 ext. 4231** or ask for the PACE Enrollment Representative.

Redwood Coast PACE ▪ 1910 California St. ▪ Eureka CA 95501