



# Humboldt Senior Resource Center

## MSSP - Multipurpose Senior Services Program

### Referral Form

Send Referral To:

HSRC-MSSP

Fax: (707)443-3498

Email:

mssp@humsenior.org

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Address: \_\_\_\_\_ Medi-Cal/SS#: \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Residence Type: \_\_\_\_\_ Rent Own Income Source/Amt: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

Education: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_ Veteran Status: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Diagnoses/History of illness \_\_\_\_\_

#### Current Status:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Visually impaired    | <input type="checkbox"/> Needs help w/dressing         | <input type="checkbox"/> Do they take multiple medications? |
| <input type="checkbox"/> Hearing impaired     | <input type="checkbox"/> Needs help w/transferring     | <input type="checkbox"/> Do they receive IHSS hours?        |
| <input type="checkbox"/> Alert                | <input type="checkbox"/> Needs help w/bathing          | <input type="checkbox"/> Do they have a regular caregiver?  |
| <input type="checkbox"/> Confused             | <input type="checkbox"/> Needs help w/household tasks  | <input type="checkbox"/> <b>Recent Hospitalizations</b>     |
| <input type="checkbox"/> Wheelchair-bound     | <input type="checkbox"/> Needs help w/meals            | <input type="checkbox"/> <b>Recent falls</b>                |
| <input type="checkbox"/> Use a cane or walker | <input type="checkbox"/> Needs help w/money management |   |
| <input type="checkbox"/> Bed-ridden           | <input type="checkbox"/> Needs help w/transportation   |   |
| <input type="checkbox"/> <b>Lives Alone</b>   | <input type="checkbox"/> Needs help w/eating           |   |

#### Explain Needs/Any Agency Involvement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_