

**Client Referral Form**  
**Home & Community Base Services/Community Care Services Program**  
**Lower Chattahoochee Area Agency on Aging**  
1428 Second Ave.  
P.O. Box 1908  
Columbus, GA 31902-1908  
**706/256-2900 ♦ 800/615-4379 ♦ Fax 706/256-2940**

**Client Information**

\*Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ \*SSN: \_\_\_\_\_  
City: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Sex: F M  
Marital Status: \_\_\_\_\_ Who does client live with: \_\_\_\_\_  
Monthly Income: \$ \_\_\_\_\_ Income Source: \_\_\_\_\_

Client referred by: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Information**

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Medicare #: \_\_\_\_\_  
Medicaid #: \_\_\_\_\_

Is there an agency coming into clients home?  
Yes No  
Agency: \_\_\_\_\_

**Emergency Contact**

\*Name: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

**Services Needed (Circle one or more as appropriate)**

Congregate/Senior Center Meal    Home-Delivered Meals    Homemaker    Assisted Living  
Adult Day Care    Respite    Bathing Assistance    Medicare Part D Enrollment

\* Required information.

Serving the Georgia counties of Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion,  
Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, and Webster.