Area Agency on Aging of East Texas

FAX ☐

CALL ☐

REFERRAL FORM

CLIENT ID # _____ DATE

CLIENT SERVICES

IS THE CLIENT AWARE OF THIS REFERRAL ☐ Yes ☐ No

☐ **BENEFITS COUNSELING** (Medicare)

HEALTH MAINTENANCE

☐ **Hearing Aids**

☐ **Dental Services**

NUTRITION SERVICES

☐ **Congregate Meals**

☐ **Home-Delivered Meals**

☐ **HOMEMAKER/PERSONAL ASSISTANCE**

☐ **RESPITE IN-HOME** (Must have a Caregiver)

☐ **EMERGENCY RESPONSE SERVICE (ERS)**

☐ **INCOME SUPPORT** (i.e. utility bill support)

☐ (Minor) **RESIDENTIAL REPAIR/MODIFICATION**

☐ **OTHER REQUESTED SERVICES**

SERVICE AREA:
The ETXAAA serves the counties of Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood.

If this is a HOSPITAL DISCHARGE referral:

*Name of Facility*_____

Date of Discharge _____

All services are based on eligibility and contingent on available funds.

Service Definitions Available at: https://www.easttexasaaa.org/services

CLIENT INFORMATION

LAST	FIRST	MI
ADDRESS		DOB
CITY , TX	ZIP	COUNTY
SEX ☐ Male ☐ Female	RACE ☐ BL ☐ WH ☐ HSP ☐ ASIAN ☐ INDIAN	LANGUAGE ENG ☐ SPN ☐ OTHER ☐
PHONE NUMBER		

EMERGENCY CONTACT INFORMATION

FULL NAME	RELATIONSHIP
PHONE NUMBER	Is this contact also the Caregiver? ☐ YES ☐ NO

REFERRED BY:

FULL NAME	AGENCY
PHONE NUMBER	FAX/EMAIL

PLEASE EXPLAIN WHY THE CONSUMER NEEDS SERVICES

You may send this form to the Area Agency on Aging for East Texas via FAX at 903-984-4482 or email at AAA_fax@etcog.org.

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