



# PACE North Michigan

## Request for Information

- Do you know someone who is 55 years old or older with some care needs and wants to live in the community and avoid a nursing home?
- Do you know someone who is 55 years old or older and has a caregiver in the community who may need some help with caring for their loved one?
- Do you know someone who is 55 years old or older who may need a doctor, nurse, home care transportation assistance, or attend a day health center?

### Program of All-inclusive Care for the Elderly (PACE®)

PACE® is a unique health program providing comprehensive medical, physical, and social care for **eligible** older adults in the community.

No cost for Medicaid-eligible individuals.

As a PACE North Michigan participant, all health care services are provided and arranged by your personal health care team. PACE participants may be fully liable for the costs of medical services from an out-of-network provider or without prior authorization with exception of emergency services.

Community Outreach Liaison: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Request for Information about PACE North Michigan

By sending this form to PACE North Michigan, we will contact this individual to educate them about PACE North Michigan and the PACE Benefit

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### General Information

55 years of age or older

Needs assistance with toileting

Dialysis

Home oxygen use

Frequent Falls

Needs assistance with transfers

Difficulty with memory

Needs assistance with bed mobility

Difficulty making decisions

Other \_\_\_\_\_

Name of person referring: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of referring organization: \_\_\_\_\_

H2318\_IN3

All forms for agents must be emailed to [dustin@rickyounginsurance.com](mailto:dustin@rickyounginsurance.com)