



**COMMUNITY TO HOME
PROGRAM
REFERRAL FORM**

Instructions: Complete each section below. Then, submit the completed form using one of the following methods:
Email: communitytohome@carestar.com **Fax:** 513-618-8319 **Mail:** CareStar, Inc. | 5566 Cheviot Road | Cincinnati, OH 45247
 If you have questions, contact us via **phone** toll-free at: 1-800-616-3718.

PARTICIPANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Referral Source: _____

Please list any communication barriers: _____

LEGAL GUARDIAN

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

COMMUNITY CONNECTIONS NEEDED *(Please check all that apply).*

Income	Dental	Support Groups
Accessible, Affordable Housing	Vision	Informal Support
Utility Assistance Programs	Specialist	Independent Living Skills
SNAP Benefits	Medical Supplies	Budgeting
Medical Coverage	Home Health Care	Bill Paying
Prescription Medications	Home Making	Clothing
Durable Medical Equipment	Home Delivered Meals	Household Goods
Home Modifications	Fall Prevention	Misc. Community Resources
Emergency Response System	Health Education	Other:
Primary Care Physician	Transportation	Other:
Mental Health Provider	Assisted Living	Other:
Substance Use Counseling	Memory Care	Other:

Who else might we contact about the person being referred?

Full Name: _____ Relationship: _____
 Address: _____ Phone: _____

SIGNATURE *(of parent or legal guardian)*

Signature: _____ Date: _____