



Prime Care Services' Referral Information

Please complete the following questions to the best of your ability. A Prime Care Services representative will follow up with you shortly to request any required documents or additional information for the client's service intake.

Referee Information

Are you the client's case manager? Yes No

If no, what is your relationship to the client?

Case Manager Name:

Case Management Agency:

Case Manager Phone Number:

Case Manager E-mail:

Client Information

Client Name:

Age:

Guardian Name(s):

Current address:

Phone number(s):

E-mail(s):

Preferred mode of communication: Call Text E-mail

Service Information

Waiver type: CADI DD AC Other

Sought service type(s):

Independent Living/Housing Services (ILS/IHS)

In-Home Family Supports (IHFS)

Adult Companion (AC)

Supported Employment Services (RP)

Customized Community Living Facility (CL)

Respite (RP)

Other* (please describe):

Approximate number of service hours per week:

Client's preferred days/hours to work with staff:

Staffing preferences (male vs. female staff, no pet allergies or pet allergies okay, etc.):

**Prime Care Services does not provide homemaking, in-home nursing, financial services, affordable housing assistance, or hospice care. We may be able to assist with other services not listed above or herein, depending on the waiver type, client location, and client needs.*