|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date of Birth |  |  |
| SSN |  |  |
| Address |  |  |
| Phone Number and Relationship to Individual |  |  |
| Diagnosis’s |  |  |
| Program Applying for |  |  |
| Additional Notes /  PIMS # |  |  |

* **Name:**legal given name
* **Date of Birth**
* **SSN:**if not the full SSN, the last 4 would be great
* **Current Address**: if at a hospital or facility temporarily, please include location name and possible discharge date.
  + **Must live in our 7 core counties:** Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert.
  + **All other counties**: referral must go to their "home" AAA - ADRC can provide contact information for this (we may only have their phone #)
* **Phone number:** please specify **who** we are to contact **AND the phone number in the email** - even if it is in PIMS - as sometimes an individual can have a cell and home phone number listed, so we are not sure which to contact.
  + **Ex:**ADRC is calling the home number and the individual is unknowingly at a NF, so the calls go unanswered, and individual could "fall through the cracks" / have a delay in receiving services.
* **Dx:** it is most helpful to include the individual's health conditions in the email if the individual has had a**new dx / LOC change OR is not already in PIMS.**
* **Program type:** please include which program / service to discuss with individual; Although we discuss all services AAA3 offers, it is helpful to know which program the individual is interested in as different programs require different eligibility and processes, so it is easier to have that information to do proper research before contacting the individual.

**There are 2 sides available in case you are sending 2 individuals (couple/spouses)**