Northwest Indiana Community Action (NWICA)

Aging & Disability Resource Center: 219-794-1829 option #1 or 1-800-826-7871
available Monday through Friday 8:30AM-5:00PM

Referral form for Options Counseling and Long-Term Services and Supports

Email info@nwi-ca.org or Fax the 2-page referral form to 219-794-1860

Client or Client Representative: I give permission for my name, address, phone number, and the client information below to be provided to NWICA Community Action (NWICA) so that a phone options counselor from NWICA may contact me or my personal representative about options that are available to me and my family. I understand that NWICA may provide feedback to my clinical provider based on our contact. ☐Client/Client Representative consents to this referral

Date:_____

Please Print:

Client's Name (person needing assistance) _____

Phone_____, Address_____,
Email_____

Date of birth: _____

Social security number:_____

Primary disability type or
diagnosis:_____
_____

Preferred point of contact (if not client)_____

Relationship to client:_____

Contact person: Phone_____, Email_____

Professional or Clinical Referrals:

Referral Source Name:_____Agency/Clinic Name:_____

Contact Information: Phone_____, Email_____

Disclaimer: Client must agree to any assessment for services. If client cannot be reached due to incorrect contact information provided referral will not be completed.

Identify client needs check all that apply (*one checkmark is required to submit*):

☐General information about long term services and supports

☐Assistance with personal care (such as bathing, dressing, toileting, etc.)

☐Caregiver support/respite

☐Emergency response alert buttons

☐Home modifications/repairs/accessibility

☐Housing (independent, assisted living, nursing facilities)

☐Meals (home-delivered, meals sites, meal prep)

☐Medical supplies or equipment (ex. adult diapers)

☐Medicare or Medicaid counseling

☐Public benefits application assistance (ex. SNAP)

☐Support groups/friendly visiting/senior activities

☐Transportation

☐Other: (25 characters max):_____

Client Signature:_____Date:_____