

Northwest Indiana Community Action (NWICA)

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

Referral Form for 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 client information below to be provided to NWICA Community Action (NWICA) so that a phone counselor from NWICA may contact me or my personal representative about options that are available to me and my family.

Client/Client Representative consents to this referral

Date: _____

Please Print:

Client's Name (person needing assistance) _____

Phone _____, Address _____,
Email _____

Date of birth: _____

Last four digits of Social Security number: _____

Primary need, disability type or diagnosis: _____

Preferred point of contact (if not client) _____

Relationship to client: _____

Contact person: Phone _____, Email _____

Referrals:

Referral Source Name (agency, family, friend): _____

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 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: _____