



# GAFC Referral Form

Date of Referral: \_\_\_\_\_

**For PRS Care Manager Making Initial Referral:**

Check here if you do not want PRS marketing to contact this referral and you are handling all communication with this referral.

**For Marketing:**  Check here if this is a call-in referral and you have not met the referral in person.

## RELEASE OF INFORMATION

I, \_\_\_\_\_ give permission to provide PRS with the information requested below for the purpose of determining if MassHealth/SCO/OC approves me as eligible to receive PRS Home Care Program for personal care and homemaking services in my home.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERRAL INFORMATION

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Site/Building Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identification: Male  Female  Other:

Primary Care Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Care Physician's Address: \_\_\_\_\_

Date of Last Primary Care Appointment: \_\_\_\_\_

Referred By: \_\_\_\_\_  PRS or Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Outcome of Referral: \_\_\_\_\_

Referral Admitted for PRS GAFC:  Yes  No If no, referral sent to: \_\_\_\_\_

Please fax all referrals to Vinda Butler at 781.794.1087 or 781.796.1193 or email: [bbutler@peabodyproperties.com](mailto:bbutler@peabodyproperties.com)