independence at home
A SCAN COMMUNITY SERVICE

INDEPENDENCE AT HOME REFERRAL FORM (Los Angeles & Orange County)

Please check-off the program(s) you would like to refer the client to:

☐ ~~Medication Safety (C-MEDS)~~ ☐ Therapy/Counseling (Insights) ☐ Cyber Senior Program ☐ Homeless Services (available in LA County ONLY)

☐ Multipurpose Senior Services Program (MSSP) **Applicants for MSSP will be contacted for additional information*

REFERRAL SOURCE

Referral by:		Date:	
Phone:		Email:	
Zip Code:			

How did you hear about our agency? (select one)	☐Social Worker ☐Family ☐Friend ☐Internet/Online Search ☐IHSS ☐APS ☐Independence at Home staff ☐Medical Group/Health Plan ☐Community Based Organizations ☐Community Event ☐RSC ☐SCAN Newsletter ☐SCAN Representative ☐Marketing Meeting
Relationship to applicant (select one) :	☐Self ☐Social Worker ☐Family ☐Friend/Neighbor ☐Caregiver ☐Care Manager ☐APS ☐Independence at Home staff ☐Medical Group/Health Plan ☐Nurse ☐Physician's Office ☐RSC ☐Other (specify):
Referring Organization (if applicable):	

APPLICANT INFORMATION

First Name:		Middle		Last Name:	
DOB:		Gender:	☐Female ☐Male ☐Transgender		
Preferred language:	☐English ☐Spanish ☐Other:			Needs interpreter?	☐Y ☐N
Address:			City:		
State:		Zip:		County:	
Phone:		Mailing Address (if different from above):		Is applicant a SCAN Health Plan member?	☐Y ☐N

Is applicant a caregiver for someone 55 or over? ☐Y ☐N

Does applicant have Medi-Cal? ☐Y ☐N **Answer this question for MSSP referrals only*

Does the applicant know that a referral is being made? ☐Y ☐N **If no, please inform applicant about referral.*

ADDITIONAL INFORMATION OF REFERRED APPLICANT:

Please note details/reason for referral: Entering note details/reason for referral is also an option under this boxed area as well.	

To Be Completed by IAH staff

Form Completed By:		Screening Date Completed:	
Screening Completed With:		Method of Intake:	☐Phone ☐In-person ☐Fax ☐E-mail

Please Email or Fax the Completed Form To

Email: communityoutreach@scanhealthplan.com **| Fax:** (562) 492-9236 **| Phone:** (866) 421-1964

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