



# PARENT CARE USA

solving the puzzle for today's caregivers

## LTC MassHealth Referral Form

Date Case Referred : \_\_\_\_\_ Facility Contact : \_\_\_\_\_

Nursing Facility : \_\_\_\_\_

### CLIENT INFORMATION

Name : \_\_\_\_\_

Gender : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Date Admitted : \_\_\_\_\_ Medicaid Start Date : \_\_\_\_\_

Method of Payment : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Relationship : \_\_\_\_\_

Name of Responsible Party/Guardian/DPOA : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Telephones :

Home : \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_ Other : \_\_\_\_\_

Fax : \_\_\_\_\_ Email : \_\_\_\_\_

Additional Information by Facility : \_\_\_\_\_

\_\_\_\_\_

When the form is complete, save a copy to your computer and then attach the saved file to an email and send to:  
**lisadionne@parentcareusa.com**

For ParentCareUSA Only :

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