

**Mission**

To be a leading not-for-profit provider and employer of choice offering comprehensive care services to enhance the life and autonomy of older adults.

**REFERRAL CRITERIA**

To receive PACE services, an individual must (please check all that apply)...

- Be 55 years of age or older
- Be determined to need nursing home level of care
- Be able to live in a community setting when enrolled without jeopardizing health or safety
- Reside in the PACE organization's service area (*Mecklenburg, Cabarrus, Union or Stanly Counties*)

**REFERRAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

(City/Zip) \_\_\_\_\_ Gender: Male or Female

Insurance: (circle one) Medicare    Medicaid    Medicare/Medicaid    Private    Unknown

Family or Caregiver Name/Relationship: \_\_\_\_\_

Family or Caregiver phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**REFERRAL SOURCE**

Name and/or Organization: \_\_\_\_\_

Contact number: (home/office) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**PLEASE FAX COMPLETED FORM AND ANY SUPPORTIVE MEDICAL DOCUMENTATION, IF AVAILABLE, TO 704-887-3844 ATTN: ENROLLMENT**

Should you have any questions or need additional assistance please call us directly @ 704-887-3854