

A Program of All-Inclusive Care for the Elderly, helping seniors to remain independent in their own homes.

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 care
- Be able to live in a community setting when enrolled without jeopardizing health or safety
- Reside in the PACE organizations service area (*Mecklenburg, Cabarrus, Union or Stanly Counties*)

REFERRAL INFORMATION

Date of Referral: _____

Name: _____ DOB: _____ Gender: M or F

Address: (*Street*) _____ Phone Number: _____

(*City/Zip*) _____ Insurance: _____

Family or Caregiver Name/Relationship: _____

Family or Caregiver Phone Number: (*home*) _____ (*cell*) _____

Family or Caregiver Email: _____

Additional Information:

REFERRAL SOURCE INFORMATION

Name and/or Organization: _____

Contact Number: (*home/office*) _____ (*cell*) _____

Email Address: _____ Fax: _____

PLEASE FAX COMPLETED FORM TO 704-887-3844 ATTN:ENROLLMENT

Please visit pacesp.com to learn more about our services. If you have any questions or need additional assistance please contact a member of our Enrollment Team at 704-887-3853 or 704-887-3854.