

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



Person referring applicant:  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Piedmont Health SeniorCare is a **Program of All-Inclusive Care for the Elderly (PACE)**. We provide comprehensive services needed to enable seniors to remain at home and age in place.

### **FAX REFERRAL FORM**

#### **PACE Eligibility Screening Criteria**

<b>Is the potential applicant...</b>	<b>YES</b>	<b>NO</b>
1. Aged <b>55 years or older</b> ?		
2. Living in <b>Alamance, Caswell, Orange, Lee, or Chatham counties</b> ?		
3. Most likely eligible for <b>NURSING HOME</b> level of care -- Needing assistance with 2 or more Activities of Daily Living(ADLs) such as feeding, grooming, bathing, walking, etc.)		
4. Able to live <b>safely in the community</b> - with additional support from PACE services		

**If the answer to the questions above is YES, the person is probably eligible for the Piedmont Health SeniorCare / PACE program located at:**

- 1214 Vaughn Rd in Burlington, or
- 163 Chatham Business Park Drive in Pittsboro.

Potential Participant:

\_\_\_\_\_

Last name

First name

Middle Initial

\_\_\_\_\_

Street address

\_\_\_\_\_

City

State

Zip

Phone Number

Contact information for the **person with legal authority** to make care decisions:

\_\_\_\_\_

Last name

First name

Middle Initial

\_\_\_\_\_

Street address

\_\_\_\_\_

City

State

Zip

Phone Number

\_\_\_\_\_

Relationship to the referred person

**Please fax this form to Piedmont Health SeniorCare at  
PHSC-BURLINGTON: (336) 506-0440 or PHSC-PITTSBORO: (919) 545-7338**

**Or alternatively, call Intake Coordinators to provide referral via phone:**

**PHSC-Burlington: Donna Gilchrist 336-506-0434**

**OR**

**PHSC-Pittsboro: Sarah Maxey 919-545-7355**

**Lauren DeYoung 919-545-7363**