

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

| Is the potential applicant... | YES | NO |
|--|------------|-----------|
| 1. Aged 55 years or older? | | |
| 2. Living in Alamance, Caswell, Orange, Lee, or Chatham counties? | | |
| 3. Most likely eligible for NURSING HOME 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 safely in the community - 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:

- o 1214 Vaughn Rd in Burlington, or
- o 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