

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:

- 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: Tracy Belles (919) 545-7337