NEW CareAllies SDOH Referral Form

Member LAST Name: _____Member FIRST Name: _____Member DOB:_____

Member ID: _____ Member Phone #: _____ Alternate Phone #: _____

PCP Name: _____ PCP Phone/FAX: _____ Date of Referral: _____

1. Does customer agree to SDOH referral? ☐ Yes If no, provide community resources directly.

2. Reason for SDOH referral (please check as many as applicable):

- ☐ **Emergency Shelters**
- ☐ **Homelessness**
- ☐ **Unsafe Living Conditions/Safety**
- ☐ **Fall Risk/Home Safety evaluation**
- ☐ **If Urgent concerns please explain:**

  _____

  _____

  _____

- ☐ **Access to meals (ex: Food bank)**
- ☐ **Affordable Housing (Sec 8)**
- ☐ **Financial assistance**
  - **Please circle: Coinsurance, Copay, Medication, Utility, Rent, Other**
- ☐ **Help getting a phone**
- ☐ **Long-term Care Planning/Assisted Living**
- ☐ **Medical Supplies (ex: Diapers)**
- ☐ **Social isolation**
  - **Please circle: Support Groups, Adult Day Care, Senior Center, Other**
- ☐ **State Program Application**
  - **Please circle: Provider Services, Low Income Subsidy (LIS), Respite/Adaptive Aids, Home Modifications, Medicaid, Emergency Response System, Other**
- ☐ **Transportation assistance (non-coverage)**
- ☐ **<u>Needs Diabetes Education, Complete referral form and attach.</u>**
- ☐ **Other details:_____**

  _____

3. As mandate reporters, you must contact the proper authorities at APS before referring a safety or neglect concern to our team: Texas APS 1-800-252-5400 or on-line www.txabusehotline.org Provide us with report number #_____

4. What is the patient's ability/inability to function independently (ex: visually impaired, chronically ill, cannot perform activities of daily living on their own, lives alone, has family support, etc.)?

_____

_____

5. Name of person making referral:_____

Contact person from your office would you like us to follow-up with on the outcome?_____

Email or phone number of contact:_____

Please complete and fax this sheet to: 1 855- 524-7148 with ATTN: SDOH/Diabetes ED TEAM or Email to: SDOHDiabetesEd@Careallies.com

If you have questions, call Case Management at 888-501-1116. (Revised 09/2022/