

Intake Referral Form

You are **not** required to fill in all information, however, please fill in as much info as you can. This data will be used to contact you so please be descriptive. Once we have received your form an Intake Specialist will contact you by phone and proceed with the questionnaire process that is required in order to set you up with your needed services.

Client's Name

Date of Referral

mm/dd/yyyy

County

Street Address

Address (cont.)

City

State/Province

Zip/Postal Code

Country

Home Phone

Physicians Name

Submission of the referral form allows The Legacy Link, Inc. and the referral agencies to disclose personal health information for the purpose of determining eligibility for community service programs, notifying emergency contacts in the event of an emergency, contacting referral sources and contact person listed above, and as allowed by law in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Once you have completed this form you may mail it to:

Intake - Legacy Link Area Agency on Aging
PO Box 2534

Gainesville, Ga 30503 You may also fax to us at 770.538.2660