



## AFC REFERRAL FORM

Fax to 617-628-8235.

An AFC social worker will call the specified contact below within 3 business days to follow up on the referral and begin the assessment process.

For questions, call Nina Cohen, AFC Social Work Manager at 617-628-2601, ext.3100 or Jeanne Leyden, AFC Program Director at 617-628-2601 ext. 3072.

A. Name of Referral Source \_\_\_\_\_ Organization \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
How did you hear about our program? \_\_\_\_\_

B. Consumer Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M / F / Other  
English: Y / N Primary Language \_\_\_\_\_  
MassHealth ID \_\_\_\_\_ Other Health Insurance \_\_\_\_\_

C. Prospective host caregiver (if any) \_\_\_\_\_ Relationship \_\_\_\_\_  
Does consumer currently live with this caregiver? Y / N Is caregiver the legal guardian? Y / N  
Other people living with consumer \_\_\_\_\_

D. Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

E. Who should we contact for initial assessment? \_\_\_\_\_

F. Medical diagnoses /Health information \_\_\_\_\_  
\_\_\_\_\_

G. Which of the following ADLs does the consumer need assistance with? (Circle)  
Bathing Dressing Toileting Transferring btw positions Ambulating Eating

H. Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_