



## TRANSITION REFERRAL FORM

Date of Referral \_\_\_\_\_

Instructions: Fill out the entire form and email a scanned copy along with the Face Sheet to [vjex@accesstoindpendence.org](mailto:vjex@accesstoindpendence.org) or fax the documents to Valerie Jex at (619) 704-2054

### CONSUMER INFORMATION

Name \_\_\_\_\_

Admission Date \_\_\_\_\_

Phone No. \_\_\_\_\_

Reason for Admission \_\_\_\_\_

Email \_\_\_\_\_

Estimated Discharge Date \_\_\_\_\_

Address \_\_\_\_\_

Primary Diagnosis/Disability \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medi-Cal/Medicare/Both \_\_\_\_\_

Monthly Income \_\_\_\_\_

Does Consumer have a plan for housing after discharge? \_\_\_\_\_

### FACILITY INFORMATION

Facility Name \_\_\_\_\_

Facility Contact Name & Title \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

### CONSUMER DISCHARGE NEEDS (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> 1st month's rent              | <input type="checkbox"/> Personal items (toiletries, medical supplies, etc)        |
| <input type="checkbox"/> 1st month's utilities         | <input type="checkbox"/> Household items (pots/pans, dishes, towels, bedding, etc) |
| <input type="checkbox"/> Retrieval of items in storage | <input type="checkbox"/> Occupational Therapy assessments                          |
| <input type="checkbox"/> Initial stock of groceries    | <input type="checkbox"/> Physical Therapy assessments                              |
| <input type="checkbox"/> Basic Clothing                | <input type="checkbox"/> Assistive Technology assessments                          |
| <input type="checkbox"/> Basic Furniture               | <input type="checkbox"/> Caregiving services                                       |
| <input type="checkbox"/> Moving expenses               | <input type="checkbox"/> Assistive Technology _____                                |
| <input type="checkbox"/> Home Modifications            | <input type="checkbox"/> DME (not covered by insurance) _____                      |
| <input type="checkbox"/> Other: _____                  |  |

### ADDITIONAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_