



**SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY  
INFORMATION AND ASSISTANCE REFERRAL FORM**

**TOLL FREE 1-866-836-6678**

**REFERRAL PROCESS**

- 1. Client and/or family member must be aware of SETAAAD services and that this referral is being submitted.**
- 2. Referral information form must be fully completed.**
- 3. Client and/or family member and referring individual (caseworker/case manager) signatures must be present and dated at the bottom of form.**
- 4. If referral is not complete, it will be returned to referring individual.**
- 5. Completed forms should be faxed to 423-648-9274 or mailed to SETAAAD I&A at P.O. Box 4757, Chattanooga, TN 37405.**

Date _____	Referring Agency _____	Referring Individual _____
Client's Name _____		Date of Birth _____
S.S. No. _____	Telephone _____	
Address _____		City, State, Zip _____
Client Lives: <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With child <input type="checkbox"/> Other		Monthly Income _____
Primary Caregiver/Family Member Name _____		Telephone _____
Who do we contact for a telephone screening? _____		Telephone _____
<b>What assistance does the client need? (Check all that apply)</b>		
<input type="checkbox"/> CHOICES	<input type="checkbox"/> Bathing/personal care	<input type="checkbox"/> Housecleaning/Homemaker Services
<input type="checkbox"/> Respite Care Services	<input type="checkbox"/> Other _____	

**SIGNATURES FOR RELEASE OF INFORMATION**

By my signature I approve this referral and give the above referenced agency permission to provide the Southeast Tennessee Area Agency on Aging & Disability (SETAAAD) the information listed above. I further permit SETAAAD to contact me for the purpose of assessing my eligibility for their service programs. I understand this information will be kept confidential and will not be share without my written consent.

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\_\_\_\_\_

**Client or Family Member & Relationship Signature**

**Date**

I have made the above client or family member aware that this referral is being made and have completed this information with their help and approval.

\_\_\_\_\_

\_\_\_\_\_

**Referring Individual Signature**

**Date**