



**East Tennessee Area Agency On Aging and Disability**  
**INFORMATION AND ASSISTANCE REFERRAL FORM**  
**TOLL FREE 1-866-836-6678 OR 865-251-4897**

**REFERRAL PROCESS**

1. Client or family member must be aware of ETAAAD services & 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 865-251-0076** or mailed to ETAAAD I&A at 9111 Cross Park Dr., Ste D-100, Knoxville, TN 37923

Date \_\_\_\_\_ Referring Agency \_\_\_\_\_

Referring Individual & Ph. # \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Client Lives: \_\_\_ Alone \_\_\_ With Spouse \_\_\_ With Child \_\_\_ Other      Monthly Income \_\_\_\_\_

Primary Caregiver/Family Member Name \_\_\_\_\_ Phone \_\_\_\_\_

(Please put relationship to client for both ↑↓)

Who do we contact for a phone screening? \_\_\_\_\_ Phone \_\_\_\_\_

**What assistance does the client need? (Check all that apply)**

\_\_\_ **CHOICES** \_\_\_ **Bathing/personal care** \_\_\_ **Housecleaning/Homemaker Services** \_\_\_ **Meals**

\_\_\_ **Respite Care Services** \_\_\_ **Other** \_\_\_\_\_

**SIGNATURES FOR RELEASE OF INFORMATION**

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

\_\_\_\_\_  
**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**