

**INFORMATION AND ASSISTANCE  
REFERRAL FORM**  
Phone: 1-866-836-6678

**REFERRAL PROCESS**

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1. Client and/or family member must be aware of ETAAAD services and that this referral is being submitted. Please inform the individual and his/her family prior to forwarding the Referral Form.
2. Please write legibly and provide as much of the requested information as possible.
3. Completed forms should be emailed to ETAAAD.Referral@ethra.org

**REFERRAL SOURCE INFORMATION**

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Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/Relationship: \_\_\_\_\_

**CONSUMER INFORMATION**

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Consumer's Name: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Client Lives: Alone \_\_\_\_\_ W/Spouse \_\_\_\_\_ W/Child \_\_\_\_\_ Other \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship to consumer: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (cell) Secondary Phone: \_\_\_\_\_ (cell)

Permission to text cell phone: Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSISTANCE NEEDED - check only those that apply** email: \_\_\_\_\_

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\_\_\_ CHOICES \_\_\_ Options \_\_\_ Other \_\_\_\_\_

\_\_\_ Home Delivered Meals \_\_\_ National Family Support Program

**SIGNATURES FOR RELEASE OF INFORMATION**

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*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 Signature: \_\_\_\_\_

Relationship if not client: \_\_\_\_\_ Date: \_\_\_\_\_

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

Referring Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_