



Community Connect Referral From

Please send the referral to adrc@waukeshacounty.gov or fax to (262) 896-8273

Date _____

Name of person referring _____ Agency Name _____

Agency Phone # _____ Agency Fax # _____

Email _____

Client Information

Name _____ DOB _____

Apartment Complex Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Email: _____

Please make contact with (include name/phone/relation): _____

Follow Up Requested From ADRC For:

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Caregiver Support/Services |
| <input type="checkbox"/> In-Home Services | <input type="checkbox"/> Financial Concerns |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Meal Assistance | <input type="checkbox"/> Options Counseling |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Long Term Care Program Eligibility |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other _____ |

Is client and/or the contact person aware of referral to the ADRC? Yes No

If no, explain why _____

Was an in-home assessment completed by your agency? Yes No

Notes about client (Please share the reason for the referral, any details about the consumer, any details about the home, what services are you providing for this client, etc.) _____

