



Email form to:

Fax to:

For more information:

Contact:

Phone:

Email:

or visit us at or www.seniorlink.com/for-partners to submit an online referral.

Referral form

Thank you for your consideration.

Caregiving is hard. At Seniorlink/Caregiver Homes, we provide high-quality care to individuals and families caring for a loved one at home. Our model, known broadly as Structured Family Caregiving, was the first HCBS model in the nation to receive the National Committee for Quality Assurance’s (NCQA) highest level of accreditation for case management with LTSS Distinction. Our program offers guidance, financial assistance and support to families, so they can feel more confident in providing care for loved ones at every step of their caregiving journey.

Determining eligibility

To qualify for Seniorlink/Caregiver Homes, the care recipient must be eligible for Medicaid, require 24-hour, live-in care and need help with some Activities of Daily Living (ADL) like Bathing, Dressing, Walking, Transferring (help getting in/out of bed), Toileting, and Eating.

If you have a client or family that could benefit from our program, please use the form below. We thank you for the important work you do to support family caregivers in the community.

Professional Referral

Referring organization

Date

First name

Last name

Phone

Email

Notes

Consumer Information

General

Consumer legal first name Phone

Consumer legal last name Email

Consumer date of birth Consumer SSN

Financial

Does consumer have Medicaid? Other insurer/payor
Yes No

Consumer Medicaid ID Does consumer have waiver? (Not applicable in MA)
Yes No Not sure

Caregiver Information

General

Caregiver first name Caregiver language

Caregiver last name Caregiver and consumer relationship

Caregiver date of birth Consumer and caregiver currently living together
Now Future No

Caregiver residential state

Contact

Phone Preferred method Email Preferred method

