



Cherokee Elder Care
a community PACE program

Fax: 918-431-4112

Phone: 918-453-5554

Address:

1387 W 4th St.

Tahlequah, OK 74464

Referral Information

Who is making the referral:

Name/Relationship: _____

Business: _____

Phone Number: _____

E-mail address: _____

Circle any & all types of Insurance: Medicaid

Other: _____ Medicare A &/or B

Date:

Name:

Last

First

maiden name/aliases

Social Security #

Birth Date:

Marital Status:

If Married Spouse Name:

Phone:

Contact Person:

Mailing Address:

Relationship:

Street/Box #:

Phone:

City, State, zip:

e-mail:

Physical Address:

Address:

Below circle all that apply:

Caregiver support received: Y N

Sex: Male Female

If yes by who:

Race: Native American African American Hispanic Caucasian Other

I live: alone with spouse with children with other relatives

with grandchildren with friends with paid caregiver in nursing home

I currently am receiving the following services:

ADvantage

Home Health

Hospice

Meals on Wheels

Transportation

Respite

Other _____

I currently have the following adaptive equipment:

Eye glasses

Hearing Aids

Cane Walker

Wheelchair

Bath Chair

Hospital Bed

Other: _____

If possible Physical Directions to the Home:

Received by and date received:

Date and initial entered in Pace Care: