Submit by Mail: Catholic Charities
Independent Support Services
P.O Box 10660
Portland, ME 04104
Fax: (207) 299-1930
Email: ISSReferral@ccmaine.org

Referral Form

- Our purpose is to help consumers live independently at home
- Consumers must be physically unable to complete their own homemaking tasks
- Services are provided no less than 8 hours a month on a long-term basis

Form must be filled in completely in order to process. Please write "N/A" where appropriate.

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1. Name of Consumer: ____________________________________ **2. DOB:** ___________________

Name of Spouse: ____ **DOB:**____________________

3. Address of Consumer: ____

4. Total Number in Household: _____ **5. Phone # of Consumer:** _________________________

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6. Does consumer give permission for CCM to speak with referent? **Yes** **No**
Please provide Name, Agency & Phone # of person making referral, if other than consumer:

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7. Does consumer give permission for CCM to speak with emergency contact? **Yes** **No**
Name, Relationship & Phone # of emergency contact:

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8. Does Consumer know they are being referred? **Yes** **No**

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9. Does Consumer have less than $50,000 in liquid assets (or less than $75,000 for a couple?) **Yes** **No**

10. Does Consumer know someone who could be their homemaker? Name: ____________________________________

11. Is Consumer currently on a waitlist for a Maxiumus assessment? **Yes** **No**

Agencies/Services involved with consumer:

Caregiver Status:

Primary Caregiver receives help from family or friends. ____

Primary Caregiver is unable to continue because ____

Consumer's IADL/ADL's Performance Scale:

Place number on the line which most closely describes consumer's present performance level.

1. Independently 2 . Some Difficulty 3. Great Difficulty 4. Someone else must assist

_______ Laundry

_______ Meal Preparation

_______ Housekeeping

_______ Grocery shopping

_______ Errands

_______ Trash Removal

_______ Limited Assistance with Personal Hygiene, such as: combing/washing hair, washing face, putting on jacket or shoes to go out

Other ____________________________________