



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.

1. Name of Consumer: _____ 2. DOB: _____

Name of Spouse: _____ DOB: _____

3. Address of Consumer: _____

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

*A completed 'Request for Information' form for the Emergency Contact or Referent (if other than self) signed by the consumer must be submitted before we may speak to Emergency Contact and Referents.

6. Name, Agency & Phone # of person making referral, if other than consumer: _____ APS _____ Step-Down

7. Emergency Contact Name, Relationship and Phone #: (Should emergency contact be called on Consumer's behalf?)

8. Agency (For those referring on behalf of Consumer) Does Consumer know they are being referred? _____

9. Does Consumer have less than \$50,000 in liquid assets (or less than \$75,000 for a couple?) _____

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

11. Is Consumer currently on a waitlist for a Maxiumus assessment?

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	_____ Grocery shopping	_____ Limited Assistance with Personal Hygiene, such as: combing/washing hair, washing face, putting on jacket or shoes to go out
_____ Meal Preparation	_____ Errands	
_____ Housekeeping	_____ Trash Removal	Other _____