



LENDING HANDS OUTREACH

Senior Care Interest & Referral Sheet

Pre-launch ADHC referral / interest form for AHCCCS/ALTCS-connected seniors age 65+

Use this sheet to identify an AHCCCS/ALTCS-connected or potentially eligible senior age 65+ who may benefit from services once available. Submission does not guarantee eligibility, enrollment, authorization, or service availability.

Website: www.lendinghandsoutreach.org

Phone: (623) 301-7072

Email: reach@lendinghandsoutreach.org

1. Referral Source

Organization / Church / Agency: _____

Contact Name: _____

Phone / Email: _____

Date Referred: _____

2. Senior Information

Senior Name: _____

Age / DOB: _____

Primary Language: _____

City / ZIP: _____

3. Possible Eligibility / Program Fit

Check all that may apply. Final eligibility, enrollment, and service authorization are subject to assessment, AHCCCS/ALTCS requirements, MCO authorization, and program approval.

- Age 65 or older
- Needs supervised daytime care
- Transportation barrier
- Isolation / limited social support
- AHCCCS / ALTCS connected
- Caregiver relief / support
- Meal support need
- Health monitoring support needed

Other: _____

4. Family / Caregiver Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Best Time to Contact: _____

5. Primary Needs / Concerns

- ADHC supervision
- Medication reminders / health monitoring
- Meals / nutrition support
- Cognitive / social activities
- Transportation to/from center
- Caregiver support

Brief description of need: _____

6. Referral Submission

Submitted By: _____

Signature / Date: _____

7. Consent / Permission to Contact

Senior/caregiver gave permission to be contacted about services.

Referral source requests follow-up before contacting family.

8. Lending Hands Outreach Intake Follow-Up

- Call completed
- Transportation needed
- Left message
- Caregiver follow-up
- Needs eligibility review
- Potential future ADHC member
- Refer to partner agency
- Not a fit at this time

Notes / next steps: _____

Internal use section may be completed after referral review. This form is not an enrollment approval or service authorization.

Mission: Lending Hands Outreach is a 501(c)(3) faith-based nonprofit preparing to serve vulnerable seniors and families with dignity, safety, and compassion through Adult Day Health Care, meals, transportation, and community support. Services will be available to all eligible individuals without discrimination. Spiritual support is optional and never required.