

**REFERRAL FORM**

**Referral Criteria**

Date: \_\_\_\_\_

To receive PACE at Hudson Headwaters services, an individual must (please check all that apply):

- Be 55 years of age or older
- Certified by NYS as meeting the need for nursing home level of care
- Able to live safely in the community with the support of PACE services
- Live within PACE at Hudson Headwaters' service area which includes the following zip codes:
  - Saratoga County:** 12074 South of Route 29, 12148, 12835 East of Route 4/7 Split, 12850, 12822, 12859, 12019, 12020, 12027, 12065, 12118, 12151, 12170, 12803, 12831, 12833, 12828, 12863, 12866, 12871, 12884
  - Warren County:** 12808, 12810 East of Route 76, 12815, 12843 Up to Park Rd and Route 72, 12853, 12878, East of Stony Creek, 12814, 12885, 12801, 12804, 12817, 12824, 12844, 12845, 12846, 12860, 12886
  - Washington County:** 12887, 12832, 12809, 12821, 12823, 12827, 12828, 12838, 12839, 12849, 12865, 12834

**Referral Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Insurance:  Medicare  Medicaid  Medicare/Medicaid  Private  Unknown

Family or Caregiver Name/Relationship: \_\_\_\_\_

Family or Caregiver Phone Number: \_\_\_\_\_

**Referral Source**

Name and/or Organization: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM AND ANY SUPPORTING DOCUMENTS TO 518-886-7232  
ATTN: ENROLLMENT OR E-MAIL TO INFO@PACEHH.ORG**

Should you have any questions or need additional assistance, please call us directly at 518-886-7223