

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
Medicare ID Number _____ Medicaid ID (CIN) Number _____

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