



AAAD
UPPER CUMBERLAND
AREA AGENCY ON AGING AND DISABILITY

*A Division of the
 Upper
 Cumberland
 Development
 District*

1225 South Willow Avenue, Cookeville, TN 38506
 Phone: (931) 432-4111 Fax: (931) 476-4068

Information and Assistance Referral Form
Toll Free 1-866-836-6678
Referral Process

1. The Client and/or family member must be aware that this referral is being submitted for in-home services.
2. The referral information form must be fully completed. If not, it will be returned to the referring individual.
3. Send the completed form to: Fax # 931-476-4068, cvassilev@ucdd.org, or mail to Attention: AAAD Information and Assistance at 1225 South Willow Avenue, Cookeville, TN 38506.

Referring Agency _____ Referring Individual Name/Phone _____

Client's Name _____ Date of Birth _____

Clients Address _____

SS# _____ Telephone _____

Client Lives: _____ Alone _____ With Spouse _____ With Child _____ Other _____ Monthly Income _____

Primary Caregiver/Family Member Name _____ Telephone _____

Who do we contact for a screening? _____ Telephone _____

What assistance does the client need? (Check all that apply)

_____ Choices _____ Bathing/Personal Care _____ Housecleaning/Homemaker Servies

_____ Meals _____ Respite Care Services _____ Other _____

I have informed the above client or family member that this referral is being made and have completed this information with their assistance and approval.

Referring Individual Signature _____
Date

Signatures For Release of Information
(optional)

I give the above referenced agency permission to receive information about my eligibility status and services I may receive from the Upper Cumberland Area Agency on Aging & Disability (UCAAAD) and their service providers. I understand this information will not be shared without my written consent. **If this section is not completed UCAAAD cannot release personal information.**

Client or Family Member Signature _____
Relationship If Not Client _____
Date