Inland Caregiver Resource Center

1430 E. Cooley Drive, Suite 240, Colton, CA 92324

(800) 675-6694 phone, (909) 514-1613 fax

Website: www.inlandcaregivers.org Email: info@inlandcaregivers.org

Caregiver/Client Referral Form

Instructions: *1. Discuss Inland Caregiver Resource Center services with the client 2. Fill out the form in its entirety. 3. Fax or e-mail form to Inland Caregiver Resource Center.*

Referring Organization: _____

Referring Professional: _____

Phone Number: _____ **Email:** _____

Is this referral for a Caregiver : **Yes:** ◯ **No:** ◯

Is this a Senior Support Services Referral : **Yes:** ◯ **No:** ◯

Name of Caregiver/Client: _____ **Language:** _____

City the Caregiver/Client Lives In: _____

Phone Number of Caregiver/Client: _____

E-mail Address of Caregiver/Client: _____

Reason for Referral: _____

Additional Info: _____

PEARLS Referral: **Yes:** ◯ **No:** ◯ **If Yes, Age**: _____

Thrive CBT Referral: **Yes:** ◯ **No:** ◯ **If Yes, Age**: _____

☐ I attest that the above indicated client has given me permission to share their name and phone number with Inland Caregiver Resource Center so that they can be contacted about support and services that may be available to them.

The name and personal information of any person referred to Inland Caregiver Resource Center is kept strictly confidential.

Please fax or e-mail form to: Inland Caregiver Resource Center

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