Inland Caregiver Resource Center

REFERRAL FORM

1430 E. Cooley Dr, Ste 240, Colton, CA 92324
P.O. Box 2266, Colton, CA 92324
(800) 675-6694 • Fax (909) 514-1613
info@inlandcaregivers.org

1. REFERRING ORGANIZATION

REFERRAL DATE | REFERRING AGENCY | REFERRING STAFF NAME

PHONE | EMAIL

2. CAREGIVER INFORMATION (If there is no caregiver, proceed to Section 3)

FULL NAME | PHONE | PREFERRED LANGUAGE

ADDRESS | CITY | STATE | ZIP

INSURANCE

☐ Medi-Cal ☐ Medicare ☐ Medi-Medi ☐ Other:

3. CARE RECEIVER / SENIOR INFORMATION

FULL NAME | PHONE | PREFERRED LANGUAGE

ADDRESS | CITY | STATE | ZIP

AGE | RELATION TO CAREGIVER | LIVES WITH CAREGIVER?

☐ Yes ☐ No

INSURANCE

☐ Medi-Cal ☐ Medicare ☐ Medi-Medi ☐ Other:

4. REASON FOR REFERRAL — CHECK ALL THAT APPLY

CAREGIVER SERVICES

- ☐ Respite
- ☐ Support Groups
- ☐ Classes
- ☐ Behavioral Health and Wellness (Proceed to 5)
- ☐ Other:

SENIOR SERVICES (age 60+)

- ☐ In-Home Assistance *
- ☐ Adult Day Care
- ☐ Behavioral Health and Wellness (Proceed to 5)
- ☐ Other:

*** RIVERSIDE COUNTY RESIDENTS**
Refer client to Help Link via Riverside Office on Aging: 877-932-4100

5. BEHAVIORAL HEALTH & WELLNESS

☐ **PEARLS**
(age 60+)

6-8 sessions that empower individuals to take action through problem-solving.

☐ **THRIVE (Brillar)**
(age 60+)

16-20 talk-therapy sessions to increase positive thoughts, feelings, and actions.

☐ **SHORT-TERM COUNSELING**
(Caregivers Only)

6-8 individual sessions with a counselor focusing on the emotional stresses of caregiving.

6. ADDITIONAL INFORMATION

Preferred date/time to be contacted, accessibility needs, or other notes.

☐ I attest that the client named above has given me permission to share their name and phone number with Inland Caregiver Resource Center so they can be contacted about available services. All personal information referred to ICRC is kept strictly confidential.

Return to ICRC • Fax (909) 514-1613 • Email info@inlandcaregivers.org

Form revised 06/01/2026