LONG TERM CARE AUTHORITY OF TULSA

Intake Referral Form

To: Long Term Care Authority of Tulsa I & S **Date:** _____/_____/_____

From: _____ **Agency:** _____
Your Name *Agency Name*

Your Phone #: _____ **Your Fax #:** _____

Mail to: **LTCA**
Intake & Screening
130 North Greenwood, Suite A
Tulsa, OK 74120

or

FAX to: **918-583-0426**

Please obtain the consumer's permission before submitting this referral.

Consumer's Name: _____ Date of Birth: _____/_____/_____

Social Security Number: _____ Zip Code: _____

County of Residence: _____ Phone Number: (_____)_____
Is the consumer currently in a hospital, nursing facility, or rehab? ❑ Yes ❑ No

What type of service(s) is the consumer requesting?: _____

Does the consumer have an active Medicaid number?: ❑ Yes ❑ No
Does the consumer have Medicare or Social Security Disability? ❑ Yes ❑ No
What is the consumer's marital status? ❑single ❑married ❑separated ❑widowed ❑divorced ❑unsure

If yes, please refer consumer to their local DHS county office.

Is the consumer aware of this referral? ❑ Yes ❑ No

Can the consumer participate in a phone interview? ❑ Yes ❑ No
If yes, can they be reached at the number above? ❑ Yes ❑ No
If No, please provide a contact person's name: _____
Their relationship to consumer: _____
Daytime Phone Number: (_____)_____ Other #: _____

Additional Comments: _____
_____
_____
_____
_____
_____
_____
_____

Unless you hear back from LTCA, Please consider this referral as processed.

Please contact the consumer for ALL follow-up.

Thank you,
LTCA Intake Unit