



CareSource Life Services® is a program\*\* that provides non-medical support that can include assistance with housing, food insecurity and employment. Use this form to refer patients to this program.

**Criteria for referring to CareSource Life Services:**

- CareSource Georgia Medicaid member
- CareSource member or parent/legal guardian of a minor child who is a CareSource Georgia Medicaid member
- Over the age of 16 years old
- Member has interest in opting in to the CareSource Life Services program

**Complete the following fields:**

\*Member first name: \_\_\_\_\_

\*Member last name: \_\_\_\_\_

\*Member phone: \_\_\_\_\_ and/or \*Member email: \_\_\_\_\_

\*Member address, city, state, zip: \_\_\_\_\_

\*Member county of residence: \_\_\_\_\_

Member Age: \_\_\_\_\_

Member ID number (from card): \_\_\_\_\_

\*Referring Physician or Medical Facility Name: \_\_\_\_\_

\*Referring Physician phone number: \_\_\_\_\_

Additional comments about the referral: \_\_\_\_\_

**THIS IS A REFERRAL FORM, NOT AN ENROLLMENT APPLICATION**

\*Required fields

\*\*Program available to CareSource Georgia Medicaid and Marketplace members only