

Phone: Email:

Date of referral:

REFERRAL TO CARESOURCE LIFE SERVICES		
Criteria	for Life Services	
• a • r	individual being referred is: a CareSource member or parent of a minor child who is a CareSource member, over the age of 14, esiding in one of the following Ohio counties: Butler Miami Clark Montgomery Darke Preble Greene Warren and is voluntarily interested in pursuing a goal that improves the member's health or overall well-being.	
Referral Information:		
La ——	ast name of person being referred:	
Fi	First name of person being referred:	
Ad	ddress:	
Co	ounty of residence:	
Pł	none:	
Er	mail:	
Da	ate of birth:	
Referrer Information: Name:		
	tle:	
	Organization: Address:	
	ounty of residence:	
C	Junty of residence.	



Area of Focus:

Select all of the following areas you believe the above-referenced CareSource member would benefit from and be interested in receiving support from Life Services:

	Economic Stability
5	☐ Access to long-term employment
	☐ Access to financial literacy
	☐ Access to adult education and job training
	☐ Increased housing stability
	Safety & Housing
	☐ Access to healthy foods
	☐ Increased quality of safe and affordable housing
	☐ Improved environmental conditions
	Health
C 3	☐ Access to health care
	☐ Access to primary care
	☐ Access to healthy foods
	☐ Health literacy
~la	Education
	☐ High school graduation / GED
	☐ Enrollment in job training or post-secondary education
	☐ Access to extracurricular activities and mentoring
	☐ Early childhood education & development
	Social Relationships
77	☐ Social cohesion
	☐ Civic participation
	□ Perceptions of discrimination & inequity
	☐ Incarceration / institutionalization

Life Services is only available to CareSource members. CareSource respectfully requests that you do not discuss the Life Services program with any of your patients (including CareSource members). We encourage you to make referrals directly to CareSource based upon your professional judgment that the CareSource member would benefit from participating in the Life Services program.

Send completed forms to CareSource Life Services by email <u>LifeServices@CareSource.com</u> or fax 937-487-1738.