

**REFERRAL FORM**

*If you know of a person who would benefit from SASH (Support And Services at Home), please complete this form and fax or email it to the contact listed below.*

**Support And Services at Home is a FREE program available to Medicare recipients\***

\*In some circumstances, SASH is available to non-Medicare insured people- contact us for more information.

**Participant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Site: \_\_\_\_\_

**Reason for Referral to SASH:**

**Priority of Referral: (time sensitivity)**

- ☐ High Needs  
☐ Moderate Needs  
☐ Low Needs

**Referring Partner Information**

Referring Staff Name: \_\_\_\_\_

Referring Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

**Date client consented to SASH referral?**

Date \_\_\_\_\_

**Other services currently in place:**

- ☐ Agency on Aging  
☐ Mental Health support  
☐ Home Health Skilled Nursing  
☐ Meals on Wheels  
☐ Homemaker/Personal Care  
☐ Other Agencies Involved

Please list contact information for agency support providers below:

**Michelle Whitney**, SASH Coordinator-VSHA-Middlebury Commons  
249 Buttolph Drive, Office #2  
Middlebury, VT 05753  
**Phone** 802-388-5762 **Fax** 802-388-1719  
**Email** [michelle@vsha.org](mailto:michelle@vsha.org)