Monthly Referral Log (Type all data and submit to CCT@hcpf.state.co.us on the last day of the month)

ADRC REGION:	REPORTING PERIOD:

Date of Referral	Referral Source	Client Name	DOB (mm/dd/yyyy)	Responding Agency (ADRC or ILC)	Assigned TCA	Assigned ICM	Waitlisted (Y/N)

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