



COLORADO

Department of Health Care
Policy & Financing

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

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



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