



# GUIDE Referral Form

The GUIDE Program is an innovative new Medicare program for individuals with dementia and their caregivers. A spouse, child, sibling, other relative, friend, or neighbor can receive assistance for themselves and their loved one who is experiencing memory loss. The GUIDE Model is focused on improving the quality of life for people living with dementia and their caregivers by reducing strain on caregivers and preventing or delaying institutionalization.

Email this completed referral form to [guide@agingihs.org](mailto:guide@agingihs.org). If you have any questions about the GUIDE program or a potential referral, contact the GUIDE team at [guide@agingihs.org](mailto:guide@agingihs.org) or 260-999-4106 M-Th 8:30-4 & F 8-12.

### About GUIDE:

- To be referred for GUIDE enrollment, individuals require a potential diagnosis of dementia or exhibiting cognitive impairment **and** have Medicare Parts A & B (**not** an Advantage Plan).
- Not currently receiving PACE or Hospice care under Medicare
- There are no age limitations
- Individuals with or without a caregiver are eligible for referral to GUIDE

### Referral Information

**Date:**

**Referral Source (name):**

**Agency:**

**Phone Number:**

**Email Address:**

\*\*\*\*\*

**Name of Referral:**

Male     Female     Other

**County of Residence:**

**Phone Number:**

**Email Address:**

**Date of Birth:**

**Medicare Number:**

\*\*\*\*\*

Does the individual have a caregiver?  Yes  No

**Name of Caregiver (if applicable):**

**Phone Number:**

**Email Address:**

Does the individual you are referring live with their caregiver?  Yes  No

Preferred Contact times and other pertinent information: