



Oregon Department of Human Services  
Aging and People with Disabilities (APD)

Form 0753

## APD Long Term Care Community Nursing (LTCCN) Program Client Referral

Case manager name: Katherine Watry Branch: 2578  
 Fax or email completed form to: case manager Phone: 503-988-8212  
 Fax: 503-988-3550 Email: katherine.watry@multco.us  
 Date of referral: 08/18/2020 Recipient ID number: 92400164  
 Client: Wade Date of birth: 02/08/1966  
 Length of time at current location: unknown  
☒ In-home ☐ In-home agency ☐ Foster home  
 Address: 1000 NW Northrup St Apt 615  
 City: Portland State: OR ZIP code: 97209  
 Area code and phone number: 503-988-1967 Email: Wade  
 Primary contact name: Wade Phone: 503-989-1967  
 Relationship to client: Daughter and Authorized Representative

### Home care worker(s):

Name	Hours	Phone
<u>Wade</u>	<u>100/80</u>	<u>503-988-1967</u>
<u>Wade</u>	<u>100/80</u>	<u>503-988-1967</u>

Primary health care provider name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other agencies involved with client (ex. hospice, home-health, in-home agency): \_\_\_\_\_

Health/ADL status (attach ISP or CAPS 003): \_\_\_\_\_

Reason for referral: ☐ Hospital/ER use ☐ Behavior or cognition changes ☐ Fall risk  
☐ Pain issues ☐ Medication safety ☐ Nutrition, hydration, weight issues  
☐ Skin issues ☐ Care giver education ☒ Multiple or complex medical diagnoses  
☐ Delegation ☒ Other (specify): Central office required referral.

Information LTCCN provider should know: ☐ check if additional information attached

Client is a Mandarin Chinese speaker.

Case manager (signature): Katherine Watry Date: 08/18/2020

☒ Referral accepted ☐ Referral declined Provider number: 500722388

LTCCN provider name: Essential Quality Care LLC (DBA EQC Home Care Agency)

LTCCN provider (signature): francdgerge Date: 08/18/2020

- 1) Form is completed and signed by case manager (CM) and emailed or faxed to LTCCN provider.
- 2) LTCCN provider must return form in two (2) business days with signature indicating either acceptance or denial and keep a copy of the form.
- 3) CM puts signed form in client file. Form signed by CM and accepted by LTCCN provider provides authorization for LTCCN provider to provide and bill for Initial Assessment (T2024) and Delegation (S5115).