



Family Care Solutions INTAKE REFERRAL FORM

Forward completed referral to: Keeley Welsh (kwelsh@fcsqc.com) or Heather Maddasion (hmaddasion@fcsqc.com)

Members Name:		Date:		Time:		Referral Source:	
Member's Address:		City:		County:		State:	Zip:
Email address:		Sex:	DOB:	Current Age:	Phone :	Marital status:	
Emergency Contact:			Relationship to member:		Phone:		
Emergency Contact Address (City/ State):					Email:		
Person Referring:		Position/Relationship to Client:		Phone:		Email:	
Legally Responsible Party/ person to speak to when setting up referral meeting:							
Diagnosis(es):							
Physician's (PCP) name:		Phone:		Physician's Address:			
Hospital Preference:							
SERVICES REQUESTED				CLIENT INFORMATION			
Discipline		Frequency/ Approx. hours authorized		Client Lives:		Diet:	
IMMT				<input type="checkbox"/> Alone		<input type="checkbox"/> Regular	
CDAC				<input type="checkbox"/> With family		<input type="checkbox"/> Diabetic	
SCL				<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Respite				Ambulatory:		Mental Status:	
Homemaker				<input type="checkbox"/> Yes		<input type="checkbox"/> Alert/ Orientated	
				<input type="checkbox"/> No		<input type="checkbox"/> Disoriented	
Allergies: _____				Equipment in the home: _____			
Would you like FCS to evaluate the member for Home Health Services (bathing assistance, medication set-ups, therapies, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Medicaid Number:		Waiver:		MCO/ HIPP:			
Other information:							



Family Care Solutions
4893 Utica Ridge Rd.
104 McQueen Place
Davenport, IA 52807
563.332.0520
www.fcsqc.com





Dear FCS Referral Source,

First and foremost, thank you for the referral to Family Care Solutions (FCS).

FCS prides itself on focusing on *quality* care for each of our clients. We strive to not only *meet*, but to *exceed* our client's expectations. For FCS to be successful with our goal we adhere to the below listed pre-admission procedure. We feel this allows the client/ family to communicate their needs and expectations. As well, FCS can determine if we can accommodate those needs.

1. A referral is made to Family Care Solutions.
2. A referral meeting is held where a representative of Family Care Solutions is present and meets with the potential client/ client's guardian. At times, the referral source also attends this meeting. During this meeting, Family Care Solutions gathers information about the client as well as information regarding the potential schedule request. This meeting typically will take place within one week of the referral being made.
3. The representative from Family Care Solutions returns to the office and meets with members of the Care Team to determine if we are able to proceed with admission.
4. The admission decision is communicated with the referral source after the referral meeting was held.
5. If admission is viable, a Family Care Solutions representative will make arrangements with the client to return to have annual paperwork signed as well as to finalize scheduling. However, if admission is not viable, the client/ client's guardian will be referred back to the referral source to determine other options.
 - At times, FCS does have a waiting list for services. If a waiting list is in place, at this point, the individual will be placed on that list. The wait time depends on the client's requested schedule, staffing and other factors.

FCS attempts to exceed the expectations of our clients. There are times when we receive a client referral and we recognize that we will be unable to provide them with the care necessary. Unfortunately, at these times we are obligated to decline the referral. This is particularly important to allow you to assist a client/family with finding another provider in a timely and efficient manner.

Although this has always been Family Care Solution's referral procedure, as part of our quality improvement we are monitoring it more closely to ensure that our admissions are always consistent with our available resources. If you have any questions about the process outlined above, please do not hesitate to contact our office.

Again, we appreciate the referral and look forward to working with you.

Keeley Welsh

Director, HCBS Waiver Services



Family Care Solutions
3411 Devils Glen Road
Bettendorf, IA 52722
563.332.0520 phone
563.332.7396 fax
www.fcsqc.com

