Please complete all fields and secure email to caremanagement@yamhillcco.org or fax to YCCO Care Management 503-857-0767

Ensure that all information is provided as incomplete requests will not be processed. Both pages need to be completed or referral will be returned.

Member Information

Member Name: _____ Date: _____

DOB: _____ Member OHP ID: _____ Phone Number: _____

Gender Identification: _____ Pronouns: _____

What language does the Member prefer? ☐ English ☐ Spanish ☐ Other: _____

Primary Care Provider (PCP): _____ ☐ N/A

Behavioral Health Provider: _____ ☐ N/A

Is the Member independent or dependent with their ADLs? ☐ Independent ☐ Dependent

☐ Unknown

What assistance does the Member need regarding ADLs or IADLs (if any)?
_____

Does the member have a caregiver? ☐ Yes ☐ No Name: _____ Phone: _____

Does the Member have a case worker at APD, DHS, or another agency? ☐ Yes ☐ No
Name: _____ Agency: _____ Phone number: _____
Name: _____ Agency: _____ Phone number: _____

Where does the Member currently reside? ☐ SNF ☐ AFH ☐ Private residence ☐ Shelter

☐ Houseless ☐ Other: _____

Referral Source Information

Referral Source: _____ Phone: _____

☐ PCP/Specialist ☐ Healthcare Representative ☐ Community Organization ☐ Member ☐ Other

Who is the best person to call to schedule an intake assessment:
Contact Person: _____ Phone Number: _____

Is the Member aware of referral? ☐ Yes ☐ No   If not, explain: _____
_____

Please provide information regarding referral/Member needs and what assistance has been provided:

Advanced Illness Support	
Behavioral Health Support	
Chronic medical condition support	
Community resources ***We cannot assist with finding housing**	
Dental/Hearing/Vision support	
Disease education/management support	
Durable medical equipment (DME) support	
PCP/Specialist access support	
Other needs not noted above	

If there is additional information, please provide here:

Is this request for a Community Health Worker? If so, please provide details here:

An assignment to a Care Coordinator, Care Manager or to a Community Health Worker will be made based on identified Member needs, except for those requests specific for a Community Health Worker.

Both pages need to be completed or referral will be returned.
Customer Service: 1-855-722-8205/ CM Fax: 503-857-0767 /Email: caremanagement@yamhillcco.org