MERCY CARE FOR THE ADIRONDACKS
281 Bear Cub Lane, Suite 1, PO Box 7, Lake Placid, NY 12946
518.523.5585, kberger@adkmercy.org

(Last modified: 8.25.26)

Referral Form

Date of referral:

Prospective Elder/Care Receiver's Contact Information

Date of Birth *(mm/dd/yyyy)*:

First: Last:

Phone *(Home)*: Phone *(Cell)*:

Email:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Other:

Address *(Physical)*:

Address *(Mailing if different from physical)*:

County: ☐ Essex ☐ Franklin

Helpful driving directions:

General Information

Languages Spoken:

Living Situation: ☐ Lives Alone ☐ Lives with Family/Caregiver ☐ Independent Living Community
☐ Other *(please describe)*:

Physical limitations and/or mobility barriers:
☐ Cane ☐ Walker *(able to use independently)* ☐ Walker *(needs transfer assistance)*
☐ Wheelchair ☐ Other mobility barriers *(please list)*:

Are you currently on oxygen? ☐ Yes ☐ No

Any communication/speech barriers, hearing or vision impairments? ☐ Yes ☐ No
If yes, please list:

Enrolled in Medicaid? ☐ Yes ☐ No

How did you hear about Mercy Care for the Adirondacks?

***Transportation Assistance Limitations**: At this time, Mercy Care is unable to offer transportation assistance to those who use a wheelchair, cannot use a walker independently (i.e., requires assistance getting up and/or sitting down), and are on oxygen. Additionally, because Medicaid provides medical transportation, we are also unable to provide medical transportation to those enrolled in Medicaid. However, we can assist those enrolled in Medicaid with non-medical transportation. To order, cancel, or inquire about Medicaid transportation services, contact Medical Answering Services (MAS) at **888-262-3975** or www.medanswering.com. Franklin and Essex County Medicaid Supervisor Contact for Medical Medicaid Transportation: **315-299-2758**.*

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Referrer's Information

Name: Relation to prospective Elder:

Phone: Email:

Referrer's Assessment
Please complete even if a self-referral

Reason for the referral *(Provide a brief description of the need or challenges)*:

Are there any health or safety concerns in the home? If so, please list:

Have you or do you plan to refer to any other services? ☐ Yes ☐ No
If so, please list:

Services Requested
(Please check all that apply)

Friendship Volunteer Services

☐ Friendly Home Visits ☐ Phone Calls ☐ Technology Assistance/iPad Program
☐ Errands/Non-Medical Transportation ☐ Medical Transportation**
☐ Outings Together ☐ Recreational Activities ☐ Crafts, Gardening, Art, Music

Faith Community/Parish Nurse Services – *Faith Community Nurses do not perform direct or hands-on health care, nor do they duplicate other nursing or medical services for the community.*

☐ Health Education and/or Personal Health Counseling ☐ Spiritual Caregiving
☐ Advocacy ☐ Connecting with Community Resources

Spiritual Care Companion Volunteer Services

☐ Spiritual Support *(in-person or by phone)* ☐ Outings ☐ Connecting with Faith Community

Health Care Companion Volunteer Services

☐ Transportation to Medical/Health Appointments** ☐ Accompaniment to appointments
☐ Assistance with scheduling and/or follow-up ☐ Medical/health forms
☐ Navigating health and social systems and portals ☐ Errands *(prescriptions, other)*

Other *(please list)*:

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Permissions

Has the Elder agreed to this referral? ☐ Yes ☐ No ☐ Unsure

*May Mercy Care contact the Elder directly to set up an in-home Intake visit? ☐ Yes ☐ No

May Mercy Care contact the referral source? ☐ Yes ☐ No

***Intake Visit:** To understand the elder's needs and develop a mutual understanding of what the elder is requesting and what services Mercy Care is able to provide, elders must complete the referral process and have an in-home intake visit before they are eligible to enroll in Mercy Care's services.

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End of Referral: Please advise the prospective Elder that the next step in this process is for Mercy Care to review this referral. A Mercy Care representative will contact the prospective Elder. Please advise the prospective Elder to answer any calls from 518-523-5580. Email the completed form to kberger@adkmercy.org.

For more information regarding Mercy Cares referral and intake process, please visit our website at www.adkmercy.org or contact Mercy Care's Director of Elder Care & Volunteer Services, Krista Berger, at 518-523-5585 or kberger@adkmercy.org.