



# Inland Caregiver Resource Center

1430 E. Cooley Drive, Suite 124, Colton, CA 92324

(800) 675-6694 phone, (909) 514-1613 fax

Website: [www.inlandcaregivers.com](http://www.inlandcaregivers.com) Email: [info@inlandcaregivers.org](mailto:info@inlandcaregivers.org)

## Caregiver/Client Referral Form

**Instructions:** 1. Fill in the name of the referring professional, the name of the client being referred and their phone number. 2. Perspective Client signs and dates the form. 3. Referring professional faxes or e-mails form to Inland Caregiver Resource Center.

I give permission for \_\_\_\_\_ (referring professional) to give my name and phone number to Inland Caregiver Resource Center so that they can contact me about support and services that are available to me.

**Name of Caregiver/Client:** \_\_\_\_\_ **Language:** \_\_\_\_\_

**City the Caregiver/Client Lives In:** \_\_\_\_\_

**Phone Number of Caregiver/Client:** \_\_\_\_\_

**E-mail Address of Caregiver/Client:** \_\_\_\_\_

**Diagnosis of Care Receiver:** \_\_\_\_\_

**Signature of Caregiver/Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**PEARLS Referral:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, Age: \_\_\_\_\_

Please fax or e-mail form to:  
Inland Caregiver Resource Center  
Fax: (909) 514-1613 Email: [info@inlandcaregivers.org](mailto:info@inlandcaregivers.org)

*The name and personal information of any person referred to Inland Caregiver Resource Center is kept strictly confidential.*

**Referring Organization:** \_\_\_\_\_

**Referring Professional:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_