

# PACE Referral Form



Organization Name: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Your contact information for follow up: \_\_\_\_\_

On this date, (mm/dd/yyyy) \_\_\_\_\_, the following individual has authorized me to forward along his/her contact information to and requests to be contacted by the CalOptima Health PACE Intake staff to learn more about the CalOptima Health PACE program:

Name: \_\_\_\_\_

Phone Number:

Home: \_\_\_\_\_

Cell/other: \_\_\_\_\_

E-mail: \_\_\_\_\_

This individual is a (please check one):

- Prospective PACE participant
- Family member/caregiver
- Referral source (organization name) \_\_\_\_\_
- Other: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Please fax your referral to: 714-954-2210 or scan and email to: [PACEintake@caloptima.org](mailto:PACEintake@caloptima.org).

Please direct any further questions to the PACE general line at 714-468-1100 or to the PACE Intake Department

| Intake Team     | Language        | Direct Line  |
|-----------------|-----------------|--------------|
| Arlene Martinez | Spanish         | 714-824-1269 |
| Gaby Sanchez    | English/Spanish | 714-380-2865 |
| Andy Tran       | Vietnamese      | 714-602-0598 |
| Martha Vargas   | Spanish         | 714-309-3430 |