



RAPID REFERRAL

No Cover Sheet is Needed

FAX TO: COLORADO CHAPTER HELPLINE

FAX NUMBER: 303-813-1670

DATE: _____

Participant: _____

Please PRINT first and last name to ensure legibility.

_____ I am a person diagnosed with dementia.

_____ I am a caregiver for a person with dementia.

I give my permission to (referring provider):

Name: _____ **Title:** _____

Phone: _____ **E-Mail** _____

give my name and telephone number to the Alzheimer's Association Colorado Chapter, so that the Helpline counselor can contact me about the support and educational opportunities that are available.

I understand that my name and phone number will not be given to any other agency other than for the purpose stated above. This form will expire on the following date: _____

I understand that I can revoke my permission at any time by contacting the above named referring provider.

Signature: _____

Verbal Permission: _____

Participant Phone (home) _____ **(work)** _____

ALZHEIMER'S ASSOCIATION COLORADO CHAPTER
Office: 303.813.1669 Fax: 303.813.1670
24-Hour Helpline 800.272.3900

Rapid Referral

GRIEF, GUILT, FRUSTRATION

**These are common feelings among family members
as they make difficult decisions on behalf of someone they love.**

**Whether it's time for that person to stop driving, begin a day program,
accept a professional home caregiver,
or move to a residential facility,
the Alzheimer's Association is ready to help.**

**Rapid Referral is an easy way to link families to a Helpline telephone
counselor. This free service offers your clients the benefit of personal
support and suggestions to ease them through their adjustment.**

**Referral to the Alzheimer's Association is a benefit
to families that you can add to your service package.**

**To become a part of the Rapid Referral process, contact
Helpline Coordinator at 800-272-3900
or simply fax the referral form.
Fax 303-962-9069 Alzheimer's Association Colorado Chapter**

Rapid Referral

Referral is Easy!

- 1. Create your own referral form or use the Alzheimer's Association release.**
- 2. Fax or mail completed and signed referral forms to the Alzheimer's Association.**
- 3. A Helpline Counselor will contact your client to answer questions and offer support. In two to four weeks, your client will receive a follow-up call. If needed, a Helpline Counselor will call your client again or refer them to our Family Options social worker.**
- 4. Your client will begin receiving our Chapter Newsletter with information on Alzheimer's disease and related disorders, caregiving issues, education programs, support groups and much more.**