



Senior Resource Program (SRP) Referral Form  
(Seniors/Older Adults over 62)

Ventura County  
Medical Resource Foundation  
Administrative Office  
199 Figueroa Street, 2<sup>nd</sup> Floor  
Ventura, CA. 93001  
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**REFERRAL INFORMATION:**

CASE # \_\_\_\_\_

DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ AGENCY: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CLIENT:** \_\_\_\_\_  M  F BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK/MSG #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRESENT LOCATION (IF NOT AT HOME): \_\_\_\_\_

EMERGENCY CONTACT (Name and Number): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ or PAST OCCUPATION: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

SPANISH SPEAKING ONLY:  Yes  No Primary Language \_\_\_\_\_

SERVICE REQUESTED: \_\_\_\_\_

PROBLEM: \_\_\_\_\_

(dental and/or vision issue)

**OTHER INFORMATION:**

WILL CLIENT NEED SUPERVISION BY STAFF?  Yes  No  Don't know

DOES CLIENT HAVE ACCESS TO TRANSPORTATION  Yes  No  Don't know

**FINANCIAL INFORMATION:**

DOES CLIENT HAVE ACCESS TO INSURANCE? Yes No

DOES CLIENT HAVE ACCESS TO MEDI-CAL? Yes No

DOES CLIENT HAVE A MEDICAL HOME CLINIC? Yes No

WHAT HOSPITAL/CLINIC DO THEY UTILIZE? \_\_\_\_\_

DOES THE CLIENT HAVE A PRIMARY CARE PHYSICIAN? \_\_\_\_\_

ANNUAL INCOME: Below \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 \$20,000 - \$30,000  
\$30,000- \$40,000 \$40,000 - \$50,000

Number of family members in household supported under this income: \_\_\_\_\_

\*I certify that the above information is true and correct to the best of my knowledge\*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of person making referral

**Liability Agreement:**

Client agrees to defend, hold harmless and indemnify Ventura County Medical Resource Foundation's directors, officers, employees, donors, school district and agents against and from any and all loss, liability, damage, claim, cost, charge, demand, or expense (including any direct, indirect or consequential loss, liability, damage, claim, cost, charge, demand, or expense, including employees of the Ventura County Medical Resource Foundation in the performance of the Referral Agreement).