

SIGN UP/REFERRAL FORM FOR Caledonia County

If you or a person you know might benefit from SASH, please complete this form and fax or mail it back to us. **SASH is a FREE program available to Medicare recipients**. (In rare cases SASH may be available to non-Medicare recipients; contact us for information.)

Your Name:*
Your Phone Number:*
Your Email Address:
Name of Referring Organization (if applicable):
Name of Person You Are Referring or Enrolling *
Enrollee's Date of Birth:*
Does Enrollee Have Medicare?*Yes No Does Enrollee Have Medicaid?*Yes No
Enrollee's Address: Street/911 Address
City/Town State Zip Code
Enrollee's Phone Number:* (Enter "Same" if you are enrolling yourself.)
Enrollee's Primary Care Physician:
Enrollee's Primary Care Location:
Other Services Currently in Place for Enrollee: Agency on Aging Mental Health Support
☐ Home Health/Skilled Nursing ☐ Meals on Wheels ☐ Homemaker/Personal Care
Please List Contact Information for Agency Support Providers:
Your Relationship to the Enrollee:
Enter Date Enrollee Consented to SASH Referral (if applicable):
Should We Contact the Enrollee Directly? * ☐ Yes ☐ No
Should we contact the Enrollee Directly: " Li Yes Li No

Please return this form or direct questions to:

Gary Chester, SASH Coordinator PO Box 259, Lyndonville VT 05851

Phone: 802-673-5758 | Email: garyc@ruraledge.org