



Greater Nashville Regional Council Area Agency on Aging & Disability (GNRC/AAAD)

Information and Assistance Referral Form

Questions: Call (615) 255-1010 or 1-877-973-6467

Program Referral Process

- 1. Is the person being referred (consumer) a TennCare enrollee? If yes, you MUST contact the consumer's MCO to make the referral. MCO's phone number is listed on the consumer's TennCare card.
2. The consumer and/or the consumer's legal representative must give written consent to this referral as evidenced by reading, signing and dating this referral form. IF THE CONSUMER OR THE CONSUMER'S LEGAL REPRESENTATIVE DOES NOT CONSENT TO THIS REFERRAL AND RELEASE OF CONSUMER'S PERSONAL AND MEDICAL INFORMATION TO GNRC/AAAD, THEN WE CANNOT PROCEED.
3. Referral information form must be fully completed and legible.
4. Send completed referral form to: Fax # (615) 246-4138 or email to: referrals@gnrc.org
Or by U.S. Postal Service to: Attn: I&A, GNRC, 6th Fl., 501 Union Street, Nashville, TN 37219-1705

Referral Source Information

Person making referral
Referring Agency or relationship to person you are referring
Contact # (work or home) (cell) (fax)
Program Requested: CHOICES, OPTIONS FCSP Unsure

Consumer Information

Consumer's Last name First Name: MI
Address City Zip
Date of Birth Social Security#
Primary phone # Secondary phone #
Does the consumer have dementia or any other condition that prevents him or her from participating in the screening? yes no If yes, please list a contact person.
Name (First and Last) Phone #
Relationship to consumer

Consent for Referral and Release of Information

By my signature, I consent to this referral and give the person or agency giving this referral permission to provide the GNRC/AAAD with my personal and medical information to the extent necessary to determine my eligibility for the Choices and/or Options and/or FCSP programs. I understand that this information will be kept confidential and will not be shared without my written consent.
Consumer or Legal Representative Relationship if not consumer Date
I have assisted the consumer or legal representative complete this information.
Person Making Referral Agency if applicable Date

IF THERE ARE ANY CONCERNS REGARDING SIGNING THIS FORM, PLEASE CALL 1-877-973-6467