Referral Form

ElderONE
An Affiliate of
Rochester Regional Health

Mission

To preserve and sustain the independence of chronically ill or disabled individuals by providing comprehensive medical care and support services that allow them to enjoy the highest quality of life in their own home and community.

Referral Criteria

To receive ElderONE services, an individual must (please check all that apply):

- ☐ Be 55 years of age or older
- ☐ Be determined to need nursing home level of care (for more than 120 days)
- ☐ Be capable of residing safely in the community with support services at time of enrollment
- ☐ Reside in ElderONE's service area (Monroe, Wayne, Ontario Counties)

Referral Information

First Name _____ Last Name _____

Address/ Street _____ Age _____ DOB _____

City _____ State _____ Zip _____ Gender Male Female Other

Insurance ☐ Medicare ☐ Medicaid ☐ Medicare/Medicaid ☐ Private ☐ Unknown

Phone Number Home _____ Cell _____

Family or Caregiver Name/Relationship _____

Family or Caregiver Phone Number Home _____ Cell _____

Referral Source

Name and/or Organization _____

Contact Number Home/Office _____ Cell _____

Email Address _____ Fax _____

Please fax completed form and any supportive medical documentation (if available) to 585.922.2849 Attn: Intake Office

Should you have any questions or need additional assistance, please call us directly at 585.922.2831.

Hudson PACE Center
2066 Hudson Avenue
Rochester, NY 14617

North Park PACE Center
355 North Park Drive
Rochester, NY 14609

Emerson PACE Center
800 Emerson Street
Rochester, NY 14613

Silver Hill PACE Center
1000 Technology Parkway
Newark, NY 14513

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