



Patient Referral Form

Referral Process and Guidelines

1. To refer a patient for assistance, please complete this form and have patient bring it with them to the Palatka Christian Service Center at 2600 Peters St, Palatka.
2. In addition to this referral form, the patient will need to bring with them the following information:
 - A. Legal picture IDs for everyone over 18 (Driver's License, Passport, Military ID, State Identification Card). NO work IDs, jail IDs, or any other type accepted.
 - B. Social Security cards for everyone in the house. Must be actual card or printout from the Social Security office not a copy, number or benefit letter.
 - C. Proof of income for the last 30 days (check stubs, child support printout, Social Security benefits letter, Worksource registration, unemployment benefits letter, food stamp verification).
 - D. Full bill with breakdown of charges for utilities.
 - E. Original prescriptions for RX.
3. Once eligibility is confirmed, financial assistance will be paid directly to the provider of the service.

Patient Information

Patient Name: _____ Date: _____
Address : _____ Phone No.: _____
Alternate Contact: _____ Date of Birth: _____
Assistance Needed: _____

Referral Information

Referring Agency: _____
Referring Individual: _____
Phone No./Email: _____
Reason for Referral: _____
Comments or Additional Information: _____

For Palatka Christian Service Center Use Only

Date Received: _____ Interviewed? _____
Assistance Received: _____ Assistance Date(s): _____