



Patient Referral Form

Referral Process and Guidelines

1. To refer a patient to be vetted for PFCF 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. Picture ID.
 - B. Any proof to verify Putnam County residence.
 - C. Proof of income for the last 30 days (check stubs, child support printout, Social Security benefits letter, Work Source registration, unemployment benefits letter, food stamp verification).
 - D. Breakdown of charges for typical monthly expenses including copies of bills, etc., if any.
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): _____