**Date Referral Partner Sent Complete Referral to Provider:**

*If the referral is urgent, please put “URGENT” in the subject line of the email.*

**Client Information**

Full Name:

Client ProviderOne #:

Phone:

Address:

Email (if used regularly):

DOB:

Client Height & Weight:

Secondary Contact Name, Number, and Email if Client is Difficult to Reach:

**Referral Partner Contact Information**

Name:

Phone:

Fax:

Email:

Name of Supervisor:

Supervisor’s Email:

**Modification(s) Requested** *(Provide details on type of modification(s) needed and helpful information related to contacting and/or interacting with the client & their supports.)*

***Example Request [Please delete all text in yellow prior to sending so as not confuse the provider!]:*** *My client needs two grab bars installed in their downstairs bathroom. They also need a bid on a custom stairlift per the recommendations attached in the OT eval. Client doesn’t answer their phone before 10am. Thanks!* ***[Please delete all text in yellow prior to sending so as not confuse the provider!]***

**Referral Partner Checklist:**

* Client owns the home? [ ]  Yes [ ]  No
* Someone other than the client owns the home? [ ]  Yes [ ]  No
* Homeowner/Property Manager signed [DSHS Form 27-147 or 27-147A Housing Modification Property Release Agreement](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=27-147&title=)
* Referral Partner included the Signed 27-147 with Referral? [ ]  Yes [ ]  No
* Referral Partner included PT/OT Evaluation? [ ]  Yes [ ]  Not Needed

Referral Partners: Work will not begin until the completed referral form and signed 27-147 is submitted to the provider. Also, work will not begin until an authorization is in “Pending” status in ProviderOne.

Referral Partner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_