



B & B Care Services, Inc.

P.O. Box 1040 · Springfield, Georgia 31329 · 912-754-0817

Email: Intake@bandbcare.com

Elderly and Disabled Waiver Program Referral Form

Legal Name: _____ DOB: _____ Age: ___ Gender: Gender Marital Status: status. Housing: select.

Phone: _____ Medicaid Number: _____ Social Security Number: _____ Aware of Referral? Y/N.

Participant Address: _____ Ga: _____ County: _____
(Street number and Street Name) (City) (Zip code)

Email Address: _____

Income Amount & Source: _____ Additional Financial Info: _____

Primary Contact Name: _____ Relationship: _____ Phone Number: _____

Legal Guardian Name: _____ Relationship: _____ Phone Number: _____

Physician: _____ Diagnosis/Major Medical Problems: _____

Phone: _____ Address: _____

Current In-Home Services Received: _____ Frequency: _____ Hours per day _____ Day(s) per Week

Provided by: _____ Pay Source: _____

**I choose B&B Care Services, Inc. to be my EDWP Case Management agency, and the Agencies identified below, if I am approved for the Elderly and Disabled Waiver Program.

Participant/Legal Guardian Signature Date of Signature

Referral Submitted by: _____ Email: _____ Agency: _____

Type: _____ Referral Date: _____ Phone: _____ Fax Number: _____

Check	ADRC Referred To	Phone Number	Fax Number	Select	Service	Preferred Provider
	PSA2 - Legacy Link/ GA Mountains	770-538-2650	770-538-2660		PSS	
	PSA3 - Atlanta Region	404-463-3100	470-423-3527		PSSX	
	PSA4 - Three Rivers	678-552-2838	770-854-5402		ALS	
	PSA5 - Northeast Georgia	706-583-2546	706-425-2954		HDM	
	PSA6 - River Valley	706-256-2900	706-256-2908		SFC	
	PSA7 - Middle Georgia	478-751-6466	478-751-6517		SNS	
	PSA8 - Central Savannah River	706-210-2018	706-210-2024		HDS	
	PSA9 - Heart of Georgia	912-367-3648	912-367-3640		ADH	
	PSA10 - Southwest Georgia	229-432-1124	229-432-1026		OHR	
	PSA12 - Coastal Georgia	912-437-0852	912-437-0856			
	PSA1 - Northwest Georgia *not a B&B service area					
	PSA11 - Southern Georgia *not a B&B Service area					

BRIEF DESCRIPTION OF NEEDS

ADDITIONAL COMMENTS TO ALL Referral Sources
Please return referral to Intake@BandBcare.com or fax to 912-200-5492