

## REFERRAL

Phone: (231) 947-8920 or (800) 442-1713 | Fax: (231) 947-6401 | Email: [info@aaanm.org](mailto:info@aaanm.org)

### Referring person - Information

Name of person submitting this referral: \_\_\_\_\_

Provider/Organization Name (if applicable): \_\_\_\_\_

Date of referral: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best time to contact the referral source? \_\_\_\_\_

Does the referring agency have a release of information? \_\_\_\_Yes \_\_\_\_No

Is person aware of referral? \_\_\_\_Yes \_\_\_\_No

### Person being referred to AAANM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Over 60 years of age? \_\_\_\_Yes \_\_\_\_No

County of Residence: \_\_\_\_\_

Contact Person (if not person being referred): \_\_\_\_\_

### Reason for Referral to AAANM

Please provide information regarding the reasons for referral, issues, assistance needed:

Please call AAANM at **(231) 947-8920** or **(800) 442-1713**.

Ask for Access & Eligibility Team to discuss a referral.

AAANM is open Monday-Friday 8:00 a.m.–4:30 p.m. (except on major holidays)