

Ramps & Rails Referral Form

Columbus County Department of Aging P.O. Box 1327, Whiteville, NC 28472 Voice: (910) 640-6602 FAX: (910) 640 6646



Date:			Ref	erred By:		
Name:				SS#(Last 4)	:	
Address:				Telephone:		
Gender:		Race:		Date of Birt	h:	Number in Household:
Rent or Own Hon	me?:			Home Type	:	
Contact Person:				Telephone:		
Receives:	☐ Medicaid ☐ Medicare		☐ CAP	Delivered Meal	ls	PCS - list provider below:
	Food Stam	ps	Respite	2		Provider:
Home Health Age	ency:			Physician:		
Reason for Referrall Diagnosis pert this referral):						
List the Request:		Ramp	Rails		Grab Bars	☐ Home Improvment
		Other:				
List Equipment in Home: Wheelchair, walker, tub seat, tub bench, etc:						
Directions to home if applicable:						
Comments:						