

Reason for Referral: Limited to 1300 characters

Medicare - Yes No # NA

Medicaid - Yes No # NA

Home Health Agency - Yes No

Name:

Agency #

Phone #

Functional Status:

Ambulatory - Yes No

Wheelchair - Yes No

Cane/Walker - Yes No

Language:

English Spanish

Other Race Caucasian

DRAFT - NOT FOR DISSEMINATION

Gold Card Information: Ms. Shirley Harrison – 713.873.3832

Requirements:

1. Medicare card and the award letter and picture I.D. or marriage license
2. Medicaid Letter
3. Last 3 Bank Statements
4. Two utility bills: HL&P, telephone or gas