



Office of Community Programs (OCP)
Referral for Preventive or Medically Complex Services Needs

Phone: 401-462-6393 Fax: 401-462-3496

Name: _____ Date: _____

SSN: _____ DOB: _____

Address: _____

City/State: _____ Zip: _____

Primary Language: _____ Interpreter Needed: Yes No

Primary Contact: _____

Relationship: _____ Contact Telephone: _____

Address: _____

City/State: _____ Zip: _____

Active MA: Yes No Record Location: _____

MA Worker: _____

Request for Services:

Preventive Complex

Referral Source:

OMR LTC Field Office Other: _____

Name of Referrer: _____ Tel: _____

Reason for Referral: _____

****For OCP Office Use Only****

Assigned to: _____ Date: _____