Baltimore City Health Department Office of Aging and Care Services MAP Resource and Client Referral

Resource Referral Presentation

Please select the resources needed and the amount:

- ◊ Accessible Homes________
- ◊ Adult Day Care ___________
- ◊ Assisted Living Directory__
- ◊ Benefits Check Up _________
- ◊ Caregiver's Application_____
- ◊ Community First Choice Fact Sheet ______________
- ◊ Employment ______________
- ◊ Energy Assistance ______
- ◊ Home Repair ______________
- ◊ Housing List _______________
- ◊ Housing Application _________
- ◊ Legal Services _____________
- ◊ Medigap __________________
- ◊ Mobility
- ◊ MD Property Tax Credit _______
- ◊ Qualified Medicare Beneficiary (QMB)/Specified Low Income Medicare Beneficiary(SLMB) ___________________________
- ◊ Resource Directory __________
- ◊ Senior Care Fact Sheet _______
- ◊ Senior Centers______________
- ◊ Senior Prescription Drug Assistance Program (SPDAP)_______
- ◊ Taxi Card
- ◊ Waiver Fact Sheet
- ◊ Other_ _______________
- ◊ **Presentation**: Overview of Services offered by OACS MAP
- ◊ **Client referral**: complete info.

MAP Client Referral

Date:		
Client Name:		Age:
Street Address:		
City:	State:	Zip Code:
Phone Number:	☐ Male ☐ Female	
Alternate Contact:		
Agency Making the referral:	Contact person for the Agency:	
Phone Number of the Referring Agency:		
Additional Information / Reason for Referral:		

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