

In Partnership with

**IE**  **HP**

Inland Empire Health Plan

*Do your IEHP patients need caregiving services or do their caregivers need respite? They may qualify for*

**FREE**  
**In-Home Care**  
**and/or Respite**

**CALL**  
**NOW**

**888-336-8322 ext 1**  
**or FAX referral to:**  
**760-766-1440**

(HIPPA Compliant Fax Line)  
**[www.ElderLoveUSA.org](http://www.ElderLoveUSA.org)**

*Elder Love*



*Elder Love USA, Inc is a 501c3 nonprofit corporation 81-3044392*

# Referral for Caregiving and/or Respite Services for IEHP Clients

Referring agency Name: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

IEHP member ID#: \_\_\_\_\_

ICD-10 Code (required): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Brief Description of Need (Supportive description justifying the care requested):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service requested (check all that apply):

- Personal Care Services (bathing, dressing, grooming, toileting, ambulation, feeding, bowel and bladder care, accompaniment to medical appointments, etc.)
- Homemaker Services (meal preparation, grocery shopping, housekeeping, laundry, etc.)
- Respite in the Home
- Respite not in the Home

Send completed form to Elder Love USA in any of the following ways:  
Fax: 760-766-1440 Email: [Lexie@elderloveusa.org](mailto:Lexie@elderloveusa.org) Call: 888-336-8322 ext 1  
Mail to: Elder Love USA, Inc. 41550 Eclectic St, Palm Desert, CA 92260