

B & B CARE SERVICES, INC.

P. O. Box 1040 • SPRINGFIELD, GEORGIA 31329 • 912-754-0817 • 855-754-0817 • FAX 912-200-5492
 EMAIL: INTAKE@BANDBCARE.COM

Elderly and Disabled Waiver Program Referral Form

Participant Name: _____ DOB: _____ Contact Number: _____

Participant Address: Street Number _____ Street _____ City _____ Georgia _____ Zip _____

Medicaid #: _____ Social Security #: _____

Primary Contact Name: _____ Contact Number: _____

Legal Guardian Name: _____ Contact Number: _____

I choose B&B Care Services, Inc. to be my preferred EDWP Case Management agency, and the Agencies identified below, if I am approved for the Elderly and Disabled Waiver Program.

Participant/Legal Guardian Signature _____ Date _____

Person Submitting Referral: _____ Date of Referral: _____

	ADRC Referred To	Phone Number	Fax Number
	Legacy Link/ GA Mountains	770-538-2650	770-538-2660
	Atlanta Region	404-463-3100	470-423-3527
	Southern Crescent/ Three Rivers	678-552-2838	770-854-5402
	Northeast Georgia	706-583-2546	706-425-2954
	River Valley	706-256-2900	706-256-2908
	Middle Georgia	478-751-6466	478-751-6517
	Central Savannah River Area Agency on Aging	706-210-2018	706-210-2024
	Heart of Georgia Area Agency on Aging	912-367-3648	912-367-3640
	Southwest Georgia	229-432-1124	229-432-1026
	Coastal Area Agency on Aging	912-437-0852	912-437-0856

BRIEF DESCRIPTION OF NEEDS

	SERVICE REQUESTED	PREFERRED PROVIDER			SERVICE REQUESTED	PREFERRED PROVIDER
	PSS				SNS	
	PSSX				HDS	
	ALS				ADH	
	HDM				OHR	
	SFC					

ADDITIONAL COMMENTS to ALL Referral Sources

Please return referral to Intake@BandBcare.com or fax to 912-200-5492