



**Public Health**  
Prevent. Promote. Protect.

### COMMUNITY HEALTH CARE PROGRAM

## REFERRAL FORM

**HOMEMAKER**

**NURSING**

**Livingston County  
Health Department**  
310 E Torrance Ave – PO Box 650  
Pontiac, Illinois 61764  
815-844-7174

Name		DOB	Phone #
Address		City/State/Zip	
SS#	Public Aid #	Medicare #	
Other Insurance Provider (if any)		Group/Policy #	
Reason for Referral/Needs Unmet and Homebound Status			
Primary Physician		Phone #	
Specialist(s) and Phone #'s (if any)			
Emergency Contact Name		Relationship	Phone #
Medical History (current diagnoses)			
Special Orders/Needs (diet, equipment, treatments, etc)			
Other County or Community Services Currently Receiving?			

Livingston County Resident for at least 1 year?     YES     NO

Level	Annual Income	Sliding-Scale	Homemaker Fee Per hour	RN Fee Per visit
1	<\$20,000	0%	\$0	\$0
2	\$20,001-27,00	25%	\$7.50	\$15.00
3	\$27,001-36,00	50%	\$15.00	\$30.00
4	\$36,001-45,000	75%	\$22.50	\$45.00
5	>\$45,000	100%	\$30.00	\$60.00

Contact Person	Phone #
Person Completing Form	Date

**PLEASE RETURN FORM TO THE HEALTH DEPARTMENT, OR FAX TO 815-844-3791.**