

**Kin On Referral Form for Client Training & the Wellness, Fitness, Exercise Programs**

**COPES, MTD, and RCL Programs**

**Contact:** Faye Chien, Director of Wellness and Social Services

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Date Referral Sent:       ProviderOne Authorization Dates (if known):

ProviderOne Authorization # (if known):

**Client Information**

Name:       Phone:

Address:       DOB:

Preferred Language(s):       Client’s P1#:

Other Important Client Info Applicable to the Referral or Contacting the Client:

**Case Manager Contact Information:**

Name:       Phone:       Fax:

Email:       Referring Agency:

CM’s Supervisor’s Name & Email Address:

**Check the type of service the client wants to participate in:**

*Client Training*

Chronic Disease Self -Management (CDSMP)

Health Coaches for Hypertension Control (HCHC)

*Wellness, Fitness, and Exercise*

Enhanced Fitness       A Matter of Balance       Tai Chi Qi Gong

Line Dance       Gentle Yoga       Meditation