



CareSource Life Services® is a program** that provides non-medical support that can include assistance with housing, food insecurity and employment. Use this form to refer patients to this program.

Criteria for referring to CareSource Life Services:

- CareSource Indiana Medicaid member
- CareSource member or parent/legal guardian of a minor child who is a CareSource Indiana Medicaid member
- Over the age of 14 years old
- Member has interest in opting in to the CareSource Life Services program

Complete the following fields:

*Member first name: _____

*Member last name: _____

*Member phone: _____ and/or *Member email: _____

*Member address, city, state, zip: _____

*Member county of residence: _____

Member Age: _____

Member ID number (from card): _____

*Referring Physician or Medical Facility Name: _____

*Referring Physician phone number: _____

Additional comments about the referral: _____

THIS IS A REFERRAL FORM, NOT AN ENROLLMENT APPLICATION

*Required fields

**Program available to CareSource Indiana Medicaid members only