



Inland Caregiver Resource Center

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Email: info@inlandcaregivers.org

*Part of the statewide system of
Caregiver Resource Centers.*

Caregiver Referral Form

Instructions: 1. Fill in the name of the referring professional and name and phone number of caregiver. 2. Caregiver signs and dates the form. 3. Referring professional's office faxes form to Inland Caregiver Resource Center at (909) 514-1613.

I give my permission for _____ (referring professional) to give my name and phone number to Inland Caregiver Resource Center so that ICRC can contact me about support and educational opportunities that are available to me.

Name of Caregiver _____

Phone Number of Caregiver _____

E-mail Address of Caregiver _____

Diagnosis of Patient _____

Signature of Caregiver _____ Date _____

Link2Care Referral Only

Comments: _____

**Please fax the form to:
Inland Caregiver Resource Center
Fax (909) 514-1613**

The name and personal information of any person referred to Inland Caregiver Resource Center is kept strictly confidential.

Referring Organization _____

Referring Professional _____

Phone Number _____