

Partner Referral Fax Sheet

HIPAA-friendly. Single page. Fax or secure email.

Send to 419-704-0316 (call first to confirm fax) or intake@reliancecaresolutions.com. We confirm receipt within 4 business hours. Do not include SSN, diagnosis codes, or full clinical notes on this sheet — we'll request those through your secure channel once we connect.

REFERRING PROFESSIONAL

Your name & credentials

Role (SW, RN, case manager, etc.)

Agency / hospital

Direct phone

Secure email

Best time to reach you

CLIENT BASICS

Client first name & last initial

Age

ZIP code

Best contact for the family (name, relationship, phone)

Best time to call the family

Preferred language

PAYER & TIMING

Payer (PASSPORT, MyCare plan, OHCW, IO, SELF, Level One, VA, private)

Authorization status (open, pending, needs help)

Target start date

Hours requested per week

CARE NEED — HIGH LEVEL ONLY

Reason for referral (1–2 sentences)

URGENCY

- Same-day discharge
- 24–48 hours
- This week
- Within 2 weeks
- Planning ahead