

Gateway to Community Living Referral Form

This form can be used by individuals currently living in a nursing home, or their representatives, to request information about Medicaid services available to assist in returning to community living. Please fill in as much of the information requested below as possible.

Today's Date _____

Name of Person Referred _____

Date of Birth _____

Phone Number _____ E-Mail _____

Does person currently receive Medicaid?

If yes, please provide the Medicaid number, if known. _____

Where does Person live now? (Facility) _____

Address _____

City _____ ST _____ ZIP _____ County _____

Admission Date to this facility _____

Facility Contact Person _____ Phone Number _____

Name of Person Making Referral (if not Person Referred) _____

Relationship:

Phone Number _____ E-Mail _____

Mailing Address _____

City _____ ST _____ ZIP _____ County _____

Who should we contact to provide information about Gateway to Community Living?

Individual Person Making Referral Other

Relationship _____

Phone Number _____ E-Mail _____

Mailing Address _____

City _____ ST _____ ZIP _____

Return completed referral form by Email to gclportal@medicaid.alabama.gov

By mail to: Gateway to Community Living, Alabama Medicaid Agency, PO Box 5624, 501 Dexter Avenue, Montgomery, AL 36103 Or by fax to: 334-353-3642