

PACE Referral Form



Organization Name: _____

Name of person completing form: _____

Your contact information for follow up: _____

On this date, (mm/dd/yyyy) _____, the following individual has authorized me to forward along his/her contact information to and requests to be contacted by the CalOptima Health PACE Intake staff to learn more about the CalOptima Health PACE program:

Name: _____

Phone Number: _____

Cell/other: _____

E-mail: _____

This individual is a (please check one):

☐ Prospective PACE participant

☐ Family member/caregiver

☐ Referral source (organization name) _____

☐ other: _____

Preferred language: _____

Preferred method of contact: _____

Please fax your referral to: **714-954-2210** or scan and email to: PACEintake@caloptima.org.

Please direct any further questions to the PACE general line at **714-468-1100** or to the PACE Intake Department

Intake Team	Language	Direct Line
Arlene Martinez	Spanish	714-824-1269
Gaby Sanchez	English/Spanish	714-380-2865
Andy Tran	Vietnamese	714-602-0598
Martha Vargas	Spanish	714-309-3430