



CLIENT REFERRAL FORM

Caring Corner will assist families with daily nursing requirements, child care, and medical case management of medically fragile children. We also offer family training, special education, daycare, respite, and parent education.

DEVELOPMENTALLY DELAYED
MEDICALLY FRAGILE
SPECIAL NEEDS
BIRTH - 21 YEARS OLD
NURSE ON DUTY AT ALL TIMES

ALTERNATIVE TO HOME HEALTH CARE
PERSONALIZED TREATMENT PLAN
AGE/ABILITY APPROPRIATE ACTIVITIES
MEDI-CAL PROVIDER
KERN REGIONAL CENTER VENDOR

While in our Care Center, children are introduced to activities and socialization skills in a nurturing family centered environment. Most importantly, while attending our daycare their medical needs are fully met by skilled pediatric professionals.

Please complete the following information:

Parent/Guardian _____ Phone # _____

Client's Name _____ Age _____

Primary Language _____ Diagnosis _____

Primary Insurance: Medi-Cal Private Other

KRC Client: Yes No If yes, Case Manager _____

Referring Agency:

Agency Name _____ Phone # _____

Employee Name _____ E-mail _____

Please select one:

Type of Services Requested: Daycare (ages 0-21 yrs)
 Daycare and Special Education (ages 0-5 yrs)
 Respite (ages 0-21 yrs)

Parent/Guardian Permission:

I _____ give permission to release the above information
Parent/Guardian Name
to Caring Corner.

Parent/Guardian Signature Date

Please fax the completed Referral Form or call:

Caring Corner
Attn: Tami England
Phone: (661)847-7342
Fax: (661)847-7346