

Baltimore City Health Department Office of Aging and Care Services MAP Resource and Client Referral



MARYLAND ACCESS POINT

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www.marylandaccesspoint.info

Resource Referral Presentation

Please select the resource needed
and the amount:

- Accessible Homes _____
- Adult Day care _____
- Assisted Living Directory__
- Benefits Check Up _____
- Caregiver's Application _____
- Community First Choice
- Fact Sheet _____
- Employment _____
- Energy Assistance _____
- Home Repair _____
- Housing List _____
- Housing Application _____
- Legal Services _____
- Medigap _____
- Mobility
- MD Property Tax Credit _____
- Qualified Medicare Beneficiary
(QMB)/Specified Low Income
Medicare Beneficiary(SLMB)
- _____
- Resource Directory _____
- Senior Care Fact Sheet _____
- Senior Centers _____
- Senior Prescription Drug Assis-
tance Program (SPDAP) _____
- Taxi Card
- Waiver Fact Sheet
- Other _____
- Presentation:** Overview of Ser-
vices offered by OACS MAP
- Client referral:** complete info.

MAP Client Referral

Date:		
Client Name:		Age:
Street Address:		
City:	State:	Zip Code:
Phone Number:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Alternate Contact:		
Agency Making the referral:		Contact person for the Agency:
Phone Number of the Referring Agency:		
Additional Information / Reason for Referral:		

