



DCSL Options Counseling Referral Form

Purpose: This form is used to formally refer individuals who may benefit from Options Counseling services through the Durham Center for Senior Life (DCSL). Options Counseling provides person-centered information, guidance, and support to older adults and individuals with disabilities to help them understand available long-term services and supports, evaluate choices, and make informed decisions that align with their needs, preferences, and goals for independent living.

Completion of this form does not guarantee approval of assistance. All referrals are subject to DCSL eligibility screening, documentation review and program guidelines.

Section A: Participant Information

Participant Name: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____ **Alternate Phone:** _____

Section B: Referral Contact Information (if applicable)

Complete this section only if the person completing this form is someone other than the participant.

Name: _____ **Referring Place:** _____

Phone Number: _____ **Email:** _____

Section C: Reason for Referral

Please indicate the primary reason(s) the participant is being referred for Options Counseling (please check all that apply):

- ☐ Need for information about long-term services and supports
- ☐ Housing or aging-in-place planning
- ☐ Difficulty navigating community resources or benefits
- ☐ Health changes impacting independence
- ☐ Transition planning (hospital, rehab, or housing transition)
- ☐ Advance planning or decision-making support



DURHAM CENTER FOR SENIOR LIFE

406 Rigsbee Ave. Suite 202 Durham, NC 27701

Phone: (919) 688-8247

Email: info@dcsln.org

- ☐ Having increased difficulty managing household tasks (cooking, cleaning, shopping) but wishes to remain at home
- ☐ No longer driving due to a chronic health condition and lives alone without readily available transportation
- ☐ Planning for retirement and seeking options to sustain health, wellness, and independence
- ☐ Considering housing options (living with family, independent apartment, or assisted living)
- ☐ Returning home from a rehabilitation center following an injury or medical event
- ☐ Supporting an adult with a disability and planning for future care needs
- ☐ Seeking guidance following a recent diagnosis affecting future planning (e.g., early-onset Alzheimer's disease)
- ☐ Concern for the well-being of an aging parent living alone

Brief Explanation/Additional Comments/Observations:

Section D: Authorization & Release

By signing below, I confirm that the information provided is accurate to the best of my knowledge and may be shared with the Durham Center for Senior Life for the purpose of coordinating services.

Participant or Authorized Representative Signature: _____

Date: _____

If signed by Authorized Representative, relationship to participant: _____

Section E: DCSL Use Only

Date Received _____

Submission Instructions:

Please return the completed form to the Durham Center for Senior Life via secure email to ncarrington@dcsln.org or jwilliams@dcsln.org.