



STEPS to Success with Your Homecare Worker

Fax Referral

Case Manager Referral Information:

Case Manager Name: _____

Mailing Address: _____

Phone Number: _____ FAX: _____

Please fax a copy of the Task List to the STEPS Trainer.

Consumer Information:

Name: _____

Address: _____

Phone Number: _____

Eligible Program (please check one):

- Client-Employed Provider Program (CEP)
- (Medicaid In-Home Services)
- Oregon Project Independence (OPI)
- Spousal Pay Program
- State Plan Personal Care (for seniors or people with physical disabilities)

Fax to: STEPS Training Staff at the Center for Independent Living (or STEPS Staff in Salem at 503-947-5025)