

**PUBLIC ADMINISTRATOR  
CONTRA COSTA COUNTY**

P.O. Box 2276  
Martinez, CA 94553  
Phone: (925) 313-7990  
Fax: (925) 646-1272  
Email: PublicAdministrator@ehsd.cccounty.us

**REFERRAL FORM**

**DATE:** \_\_\_\_\_

**DECEDENT INFORMATION**

Decedent's Name: (First)\_\_\_\_\_ (Middle)\_\_\_\_\_ (Last)\_\_\_\_\_

Home Address: \_\_\_\_\_  Homeless

Location of Keys to Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name (Maiden): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Veteran: Y / N Branch: \_\_\_\_\_ Any papers from VA?  No  Yes \_\_\_\_\_

Did decedent have a Will/Trust?  No  Yes If Yes, Executor/Trustee: \_\_\_\_\_

Did decedent have an Advance Health Care Directive?  No  Yes If Yes, Agent: \_\_\_\_\_

Did decedent have a preneed funeral contract:  No  Yes If Yes, details: \_\_\_\_\_

Date Admitted to Your Facility: \_\_\_\_\_ Admitted From (if from SNF, list name, address and phone number): \_\_\_\_\_

Current Body Location: \_\_\_\_\_

**Provide a brief history of events leading to referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEXT OF KIN – FRIENDS – OTHER CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**PROPERTY**

Real Property: Own Rent Landlord: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Vehicle: No Yes Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Location of Vehicle: \_\_\_\_\_

Is your facility holding any personal property? No Yes (if Yes, list details below)

\_\_\_\_\_

Is there a trust fund with your facility or another facility? No Yes (if Yes, list location and amount below)

\_\_\_\_\_

**DOCUMENTATION OF SEARCH FOR NEXT OF KIN (specify who was contacted, when they were contacted, and what they said):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRING PARTY INFORMATION**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_