ucare

GrandPad

MSHO Member Referral

Form must be completed by UCare Care Coordinator.
Submit referral form securely to: ucarereferrals@grandpad.net

- **Member has a diagnosis of depression or anxiety on file with UCare?** **Yes** ☐ **No** ☐
- **Member is aware of, and does want the GrandPad device?** **Yes** ☐ **No** ☐
- **Member is aware that the GrandPad needs to be returned if disenrolled from UCare, or changes plan types?** **Yes** ☐ **No** ☐

Member's Full Name	
Member ID Number	
Members Date of Birth	
Member's Address (verify with member for accuracy)	
To ensure a secure delivery, please specify	☐ The delivery can be left without safely without signature require for delivery. ☐ Signature for delivery is required (Note: FedEx will not call to let the recipient know they are on their way)
Member's Primary Language	
Member Phone Number	
Care Coordinator Full Name, Phone Number and Email	
Additional information or notes	

Are there any family members, friends, or caregivers that the member would like to voice call, video call or email regularly? Include first and last names, phone numbers & emails below.

To terminate and initiate a return of a GrandPad device, contact GrandPad at: 1-800-704-9412