



Member Referral

E-mail referral form to: ucarereferrals@grandpad.net

➤ I have reviewed the most recent GrandPad eligibility file from UCare and verified this member's eligibility	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	
If address for delivery is a facility or apartment/condo building	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	
Family Administrator Name, Phone Number and Email (if applicable)	

Additional information or notes

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