

REFERRAL PACKET — ROSEVILLE HOMES ASSISTED LIVING

1. Facility Information

Roseville Homes Assisted Living

Maryland, USA

Phone: (571) 330-2336

Email: info@rosevillehomesassistedliving.com

Website: www.rosevillehomesassistedliving.com

2. Facility Logo



3. Admission Criteria

Residents must meet the following criteria:

- Must require assistance with ADLs (bathing, dressing, medication reminders, mobility)
- Must not require 24/7 skilled nursing
- Must be medically stable
- Must not pose harm to self or others
- Must be able to participate in a home-like environment
- Memory care residents must have a documented diagnosis

4. Services Offered

Personal Care Suites

Daily support with ADLs, home-style meals, social activities.

Memory Care Program

Structured routines, cognitive engagement, dementia-trained staff.

Respite Stay

Short-term stays for recovery, caregiver breaks, or transitions.

Additional Services

- Medication management
- Housekeeping
- Laundry
- Transportation coordination
- Family communication updates

5. Referral Form Fields

Referring Provider Information

- Name
- Facility / Hospital
- Phone
- Email

Client Information

- Full Name
- Age
- Primary Diagnosis
- Level of Care Needed
- Mobility Status
- Allergies
- Current Medications
- Insurance (optional)

Placement Needs

- Personal Care
- Memory Care
- Respite Stay
- Expected Admission Date

6. HIPAA Notice (Optional)

Roseville Homes Assisted Living complies with HIPAA privacy regulations. All information submitted in this referral packet will be used solely for care coordination and placement evaluation.

7. Instructions for Submitting Referrals

You may submit referrals in any of the following ways:

Email: info@rosevillehomes.com

Phone: (571) 330-2336

Online:

www.rosevillehomesassistedliving.com/contact.html#refer (rosevillehomesassistedliving.com in Bing)

Fax: ()

Please include all relevant medical documents, assessments, and discharge summaries when applicable.