Handout 1

Intake and Referral Form

Staff Name: _____

Date:_____

Service Participant:_____DOB:_____/_____/_____

Address:_____City/State:_____

Zip:_____ County:_____ Phone:_____

Email:_____ ____ Male ___ Female ___ Rural ___ Urban

Race: ____Caucasian ____African American ___American Indian ___Asian ___Pacific Islander

Ethnicity: _____Hispanic/Latino _____Non-Hispanic

Eligibility: __60 or older __ 18-59 w/disability __Caregiver for Older Adult __Caregiver for person w/disability

Marital Status: ____Married ____Single ____Widowed ____Divorced ____Partnered ____ Separated

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Caller (if not service participant):_____

Address:_____ City/State:_____ Zip:_____

Phone:_____ Relationship to participant:_____

Does the participant know this call is being made? ____Yes ____No

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Emergency Contact (if not caller):_____

Address:_____City/State:_____ Zip:_____

Phone:_____ Relationship to participant:_____

Living Arrangement: ____House ____Apartment ____Long-term Care ____ Assisted Living ___Mobile Home

___ Homeless Other:_____

Total number of people living in household: _____
Relationship(s) to participant:_____

Home is: ___Rented ___Owned Other:_____

Finances: $_____ Individual Monthly Income $_____Household Monthly Income

Benefits: ____Medicare ____Medicaid ____Medigap ____LIS ____LTC Insurance ____Veterans

Income Sources: ___ SS ___SSI ___SSD ___Wages ___Pension ___Interest or Dividends ___ Other

Additional Financial Considerations:_____

Means of Contact: _____Walk-in ____Telephone ____Email Other:_____

Referral Source: ____Internet ____Advertisement ____Professional/Agency ___Friend/Family ___Other

Subject of Inquiry (Check all that apply):

___Abuse, Neglect ____Adult Day Care ____Assistive Devices ____Community/Social Contact ____Financial Services

___Home Repair ____Housing Options ____In-Home Service ____Legal Services ____LTC

___Medicid/MSP ____Medicare ____Reverse Mortgage ____ SSA/SI/LIS ____Veterans Benefits

___Part D-Prescription Assistance ___Other:_____

Goal Statement: What is the caller hoping to accomplish by contacting the ADRC?:_____

_____

_____

Support System:	Support Provider	Service Provided
Formal	_____	_____
	_____	_____
	_____	_____
Informal	_____	_____
	_____	_____
	_____	_____

Action steps to be taken by caller:_____

_____

Action steps to be taken by ADRC: _____

_____

Verbal Release of Information: "In order to take the action we discussed, we may need to share the information you have given us today. We will only do so if necessary. Do you give us permission to share that information?"

___Yes ___No ___Yes, with the following limitations:_____

"May we contact you for feedback on our services in the future?" _____Yes _____No

Follow-up: Date of follow-up:_____ Follow-up contact:_____

Service status is: ___Successfully completed __Incomplete, but no further action to be taken by ADRC ___Ongoing

Explain Incomplete or ongoing:_____