Serving Montgomery, Autauga, and Elmore Counties
Phone: 334-240-4670, Email completed form to caac.adrc@caac-al.org

Name:	**Address:**	**APT #**	**City**	**Zip**
Last: First:				

Telephone (s):	**Date of birth:**	**Social Security Number:**	**Medicaid #:**

Veteran Status:	**Gender:**	**Medicare #:**	**Marital Status:**
	M ☐ F ☐		

Source of Income:

Estimated Total Monthly Income $ ______________ ☐ SS ☐ Disability ☐ Full Medicaid ☐ SSI ☐ Pension ☐ QMB/SLMB/QI ☐ Medicare ☐ Deeming

Caregiver/contact Name:	**Telephone:**	**Email:**
Address:	**City/State:**	**Zip:**

Do you need assistance with	**Y**	**N**
Eating	☐	☐
Transferring in/out of bed/chair	☐	☐
Walking	☐	☐
Dressing	☐	☐
Bathing	☐	☐
Toileting	☐	☐
Doing light housework	☐	☐
Preparing meals	☐	☐
Shopping for personal items	☐	☐
Managing money	☐	☐
Medication management	☐	☐
Using telephone	☐	☐
Access public/private transportation?	☐	☐
Comment:		

Medical Conditions:

☐ Alcoholism	☐ Hearing Impaired	☐ Gastrointestinal
☐ Alzheimer's	☐ Heart Disease/CHF	☐ Seizure
☐ Amputee	☐ HIV/AIDS	☐ Quadriplegic
☐ Arthritis	☐ Hypertension	☐ Paraplegic
☐ Asthma	☐ Incontinence	
☐ Autism	☐ Mental Illness	Other:
☐ Cancer	☐ Multiple Sclerosis	
☐ Cerebral Palsy	☐ Obesity	
☐ COPD	☐ Paralysis	
☐ Dementia	☐ Parkinson's	
☐ Depression	☐ Renal Failure	
☐ Diabetes	☐ Skin Disease	
☐ Epilepsy	☐ Stroke	
☐ Head Injury	☐ Visually Impaired	

Recent Hospitalized? Yes ☐ No ☐ **Date:** | **Primary Doctor Name:** | **Phone:**

Wheelchair ☐ | **Bedbound** ☐ | **Hoyer Lift** ☐ | **Oxygen** ☐ | **Dialysis:**

Home Health? | **Hospice?** | **DHR?** | **Other:**

Is Client at Risk? ☐ Y ☐ N **Can client be left alone**? ☐ Y ☐ N **Does Client Live Alone?** ☐ Y ☐ N

Comments:

Program Referral:

- ☐ Alabama Cares (Caregiver Support)
- ☐ Chronic Disease Self-Management Class
- ☐ Nutrition Meal Program
- ☐ SenioRx (Medication Assistance)
- ☐ SHIP Medicare Counseling
- ☐ Legal Assistance
- ☐ Ombudsman (nursing home advocacy)
- ☐ Hospital to Home
- ☐ Medicaid Waiver (Elderly/Disabled Waiver)
- ☐ Dementia/Alzheimer's Information/PANDA
- ☐ Homemaker/Home Modification/Wellness Programs

Other:

Referral Source

Name:	Telephone:	Agency:

Additional Comments: