

ADRC First Intake and Prescreen



1. Name: _____
 Address: _____
 City & Zip: _____
 Phone: _____
 Email: _____
 Pref Method: _____
 Mailing address: Same as Physical

Address: _____
 City & Zip: _____

2. Living Situation: _____
 Is it accessible? _____

3. Do you Currently have any safety concerns?
 Yes What? _____
 No _____

4. Is an immediate referral required?
 Yes To who? Child or Adult protective services
 No Crisis Services
 Emergency Services
 Other
 Follow Up action: _____

5. Gender: Female Male

6. Date of Birth: _____

7. Marital Status: _____

8. Military Veteran? Yes No

9. Race: Alaska Native/Native American
 Asian
 Black
 Hispanic/Latino
 Native Hawaiian/Pacific Islander
 White
 Other

10. Health Coverage: Private Insurance Indian Health Service
 Medicaid Other
 Medicare None
 VA

11. Is your gross monthly income above:
 Below \$1362
 between \$1362 & \$2219

Potentially Medicaid Eligible, would like to pursue Medicaid eligibility?
 Yes
 No

12. Other Contact Person:
 Name: _____
 Address: _____
 City & Zip: _____
 Phone: _____
 Email: _____
 Relationship: _____
 ROI: _____

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13. What is your current disability or medical condition, how does this affect you?

14. Do you currently receive services or supports through an agency?

15. What is your reason for contacting us?

16. Reason for contacting:

* Complete MH Screen

* Complete MH Screen

<u>Benefits</u>	<u>Resources</u>	<u>Services</u>
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Community Orgs	<input type="checkbox"/> Adult Day
<input type="checkbox"/> Heating Assistance	<input type="checkbox"/> Durable Med. Equip	<input type="checkbox"/> Assis. Living
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Employment	<input type="checkbox"/> Care Coord.
<input type="checkbox"/> Medicare	<input type="checkbox"/> Food Programs	<input type="checkbox"/> Crisis
<input type="checkbox"/> Mini Grants	<input type="checkbox"/> Guardianship/POA	<input type="checkbox"/> Grant services
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Health care	_____
<input type="checkbox"/> Senior Benefits	<input type="checkbox"/> Home Mods	_____
<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing	_____
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Hospice	<input type="checkbox"/> Home Health
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Independent Living
_____	_____	<input type="checkbox"/> Other
		<input type="checkbox"/> Legal
		<input type="checkbox"/> Mental Health*
		<input type="checkbox"/> Medical Provider
		<input type="checkbox"/> Private Pay
		<input type="checkbox"/> Substance Abuse*
		<input type="checkbox"/> Transportation
		<input type="checkbox"/> Tribal
		<input type="checkbox"/> Traumatic & Acquired Brain Inj
		<input type="checkbox"/> Infant Learning
		<input type="checkbox"/> meals on wheels
		<input type="checkbox"/> Mental Health*
		<input type="checkbox"/> PCA
		<input type="checkbox"/> Waiver
		<input type="checkbox"/> ALI Waiver
		<input type="checkbox"/> APDD Waiver
		<input type="checkbox"/> CCMC Waiver
		<input type="checkbox"/> IDD Waiver
		<input type="checkbox"/> Respite
		<input type="checkbox"/> STAR
		<input type="checkbox"/> Tribal Services

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17. Individual received options counseling?

- Yes
- No

18. Individual was referred to the following programs, services or supports:

<u>Benefits</u>	<u>Resources</u>	<u>Services</u>
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Heating Assistance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Mini Grants <input type="checkbox"/> Public Assistance <input type="checkbox"/> Senior Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Weatherization <input type="checkbox"/> Other <hr/> <hr/>	<input type="checkbox"/> Community Orgs <input type="checkbox"/> Durable Med. Equip <input type="checkbox"/> Employment <input type="checkbox"/> Food Programs <input type="checkbox"/> Guardianship/POA <input type="checkbox"/> Health care <input type="checkbox"/> Home Mods <input type="checkbox"/> Housing <input type="checkbox"/> Hospice <input type="checkbox"/> Other <hr/> <hr/>	<input type="checkbox"/> Adult Day <input type="checkbox"/> Assis. Living <input type="checkbox"/> Care Coord. <input type="checkbox"/> Crisis <input type="checkbox"/> Grant services <hr/> <hr/> <hr/> <input type="checkbox"/> Home Health <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Other <hr/> <hr/>
	<input type="checkbox"/> Legal <input type="checkbox"/> Mental Health <input type="checkbox"/> Medical Provider <input type="checkbox"/> Private Pay <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Transportation <input type="checkbox"/> Tribal <input type="checkbox"/> TABI* Refer to ABIN	<input type="checkbox"/> Infant Learning <input type="checkbox"/> Independent Living <input type="checkbox"/> Mental Health <input type="checkbox"/> PCA <input type="checkbox"/> Waiver <input type="checkbox"/> ALI Waiver <input type="checkbox"/> APDD Waiver <input type="checkbox"/> CCMC Waiver <input type="checkbox"/> IDD Waiver <input type="checkbox"/> Respite <input type="checkbox"/> STAR <input type="checkbox"/> Tribal Services

19. Medicaid

Individual is Medicaid eligible?

- Yes
- No

Individual requires assistance with Medicaid application?

- Yes- Who will assist? _____
- No

20. Prescreen staff will follow up with the individual :

- Same day
- 3 days
- 1 week
- 2 weeks
- 2+ weeks
- Specific _____

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a. Initial Supports- resources available immediately in the community

Individual received options for the following:

b. Ongoing Minimal Supports- typically on going minimal grant services

Individual received options for the following:

c. Long Term Supports- includes PCA and NFLOC Services, **complete NFLOC & PCA Prescreen tool attached**

Individual was prescreened using:

i. NFLOC Yes- Complete and submit NFLOC application
 No- Options given for ongoing minimal supports

ii. PCA Screen- likely to meet PCA eligibility?
 Yes- Options given for PCA agency
 No- Options given for ongoing minimal supports

iii. Both- Indicate likely to meet NFLOC and PCA eligibility?
 Yes- Complete and Submit NFLOC application and Options give for PCA Agency
 No- Options given for ongoing minimal supports

Individual given options for the following:

d. Mental Health or Substance abuse- resources available immediately in the community, **complete MH Screen**

e. Traumatic and Acquired Brain Injury- Individual given resources and referred to Alaska Brain Injury Network (ABIN)

Person Completing Form (Print name)

Date

To be completed if mental health or substance abuse is discussed or selected in **Questions 13 through 16**