

ADS & SIH SAMS Registration and Demographic Form

(Use this form to collect client information to enter into the HFA SAMS database)

1. BASIC INFORMATION

Name (Last, First, Middle Initial)			Date Registered / /
Phone Number	Additional Phone	Gender M / F	DOB / /
Home Address (Residence)			Same for Mailing? Yes / No
Town		State	Zip Code
Mailing Address (if different than home address)		State	Zip Code
Email:			

2. NAPIS

Ethnicity: Not Hispanic or Latino / Hispanic Latino	In Poverty? Yes / No	Lives Alone? Yes / No
ADLs: <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Transferring in/out of bed/chair <input type="checkbox"/> Walking		
IADLs: <input type="checkbox"/> Preparing Meals <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Doing heavy housework <input type="checkbox"/> Managing Money <input type="checkbox"/> Managing Medication <input type="checkbox"/> Using Telephone <input type="checkbox"/> Doing Light housework <input type="checkbox"/> Using available transportation		

3. CARE ENROLLMENT

HCB Adult Day Services HCB Senior In-Home Services

4. CUSTOM FIELDS

a. Primary reason for services? (only use "Physically Frail" when no other applies): <input type="checkbox"/> HCB ADRD <input type="checkbox"/> HCB Cog Impair <input type="checkbox"/> HCB Dev Disability <input type="checkbox"/> HCB Mental Ill <input type="checkbox"/> HCB TBI <input type="checkbox"/> HCB Physically Frail
b. Consumer's living situation? (choose only one): <input type="checkbox"/> HCB Lives Alone <input type="checkbox"/> HCB Assisted Living <input type="checkbox"/> HCB Lives w/under <60 CG <input type="checkbox"/> HCB Lives w/over >60 CG

5. ETHNIC RACE

<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Non-Minority (White, non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other <input type="checkbox"/> Missing

6. PROVIDER:

7. NOTES

Referrals/Notes
Completed by: _____ Date: _____

