Central Alabama Aging Consortium
Connecting You to Services

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:		