

CONFIDENTIAL



DOT
CODE: _____

VISITOR _____

ParaPlan IDN:
IDN:

CARE-A-VAN – PARTICIPANT REGISTRATION FORM

SITE:	JUNEAU/DOUGLAS			DATE:						
NAME: (LAST, FIRST, MIDDLE INITIAL):										
PHYSICAL ADDRESS:										
MAILING ADDRESS:				E MAIL ADDRESS:						
CITY:		STATE:	AK	ZIP:						
PHONE NUMBER:			CELL PHONE:							
BIRTH DATE:				MALE:		FEMALE:				
***** THIS INFORMATION IS IMPORTANT FOR FEDERAL FUNDING *****										
ETHNICITY: (Check)		<input type="checkbox"/>	Alaskan Native/ American Indian		<input type="checkbox"/>	Asian				
<input type="checkbox"/>	Hispanic Origin		<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander		<input type="checkbox"/>	White			
DO YOU LIVE ALONE?		YES		NO		DO YOU HAVE DIABETES?				
						YES		NO		
IS YOUR INCOME ABOVE (\$1,227 – 1 person) or (\$1,660) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?										
				YES		NO				
DO YOU HAVE A DISABILITY?		YES		NO						
ARE YOU 85 OR OLDER?		YES		NO						
SPOUSE'S NAME:										
EMERGENCY CONTACT:				TELEPHONE:						
DO YOU HAVE AN ADA CARD?		YES		NO		SERVICES RECEIVED				
ADA CARD NUMBER:						MANAGER PLEASE CHECK ONE:				
Indicate if the participant uses:						<input checked="" type="checkbox"/>	Transportation			
Wheelchair:		Walker:		Cane:			Shopping Assistance			
							Adult Day Program			
DO YOU USUALLY RIDE WITH AN ESCORT?							Other			
		YES		NO						
Do you need assistance with any of the following activities? Please check the activity.										
Activities of Daily Living (ADL's)					Instrumental Activities of Daily Living (IADL's)					
	Eating					Preparing meals				
	Dressing					Shopping for personal items				
	Bathing					Medication management				
	Bathroom					Managing money				
	Transferring in/out of bed/chair					Using telephone				
	Walking					Doing heavy housework				
	Total ADL's					Doing light housework				
Comments:						Using available transportation				
						Total IADL's				
Referred By:					Phone Number:					
For Project Use Only: REV 3-17-15										
Class: C S V DE MV			Status: O N I R M D V MV			NR		ADL		IADL
Check here if the client has formally authorized release of information										