

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) Alaskan Native/ American Indian Asian Black/African American

Hispanic Origin Native Hawaiian/Other Pacific Islander 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:
Wheelchair: Walker: Cane: **XXX** Transportation
Shopping Assistance
Adult Day Program

DO YOU USUALLY RIDE WITH AN ESCORT? YES NO Other

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)	
<input type="checkbox"/>	Eating	<input type="checkbox"/>	Preparing meals
<input type="checkbox"/>	Dressing	<input type="checkbox"/>	Shopping for personal items
<input type="checkbox"/>	Bathing	<input type="checkbox"/>	Medication management
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Managing money
<input type="checkbox"/>	Transferring in/out of bed/chair	<input type="checkbox"/>	Using telephone
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Doing heavy housework
<input type="checkbox"/>	Total ADL's	<input type="checkbox"/>	Doing light housework
<input type="checkbox"/>	Comments:	<input type="checkbox"/>	Using available transportation
<input type="checkbox"/>		<input type="checkbox"/>	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