**INTAKE FORM**

**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**

[ ]  **Nursing Home Transition (NHTD)** [ ]  **Nursing Home Diversion (NHTD)**

[ ]  **Traumatic Brain injury Transition (TBI)** [ ]  **Traumatic Brain injury Transition (TBI)**

[ ]  **Out-of-State**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prefix** | **Applicant First Name** | **Last Name** | **Region** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Referral # Click or tap here to enter text. | CIN Click or tap here to enter text. |
| **Action Taken** | **Date of Action** |
|  | Referral to RRDC | Click or tap to enter a date. |
|  | Contacted by RRDC | Click or tap to enter a date. |
| Note: use the intake schedule history to record all scheduled dates in comma separated format and chronological order, including first and last(e.g. 1/2/2019, 1/15/2019, 2/1/2019) | Intake Schedule History | Click or tap here to enter text. |
| **Applicant Residence Address** |
| Applicant Address 1Click or tap here to enter text. |
| Applicant Address 2Click or tap here to enter text. |
| City Click or tap here to enter text. | ZipClick or tap here to enter text. |
| Applicant Telephone:Click or tap here to enter text. | Applicant Email:Click or tap here to enter text. |
| Current Location:Choose an item. |  If facility resident, name of facility:Click or tap here to enter text. | Type of Location: Choose an item. |
| Other Location Description: Click or tap here to enter text. |
| **Is the mailing address the same as physical address:** Choose an item. |
| **Applicant Mailing address, if different** |
| Mailing Address (check all that apply): [ ]  Current [ ]  Legal  |
| Facility NameClick or tap here to enter text. |
| Address Line1Click or tap here to enter text. |
| Address Line2Click or tap here to enter text. |
| CityClick or tap here to enter text. | ZipClick or tap here to enter text. |
| **Applicant Information** |
| If living in the community, person/people currently living with (check all that apply):[ ]  Alone [ ]  Spouse [ ]  Adult Children [ ]  Minor Children [ ]  Parents [ ]  Siblings [ ]  Other Family Members [ ]  Friends/Significant Others [ ]  Other Specify Other Click or tap here to enter text. |
| [x]  Applicant requires a translator/interpreter  |
| If checked, specify language:Click or tap here to enter text. | If yes, translation/interpretation provided by:Click or tap here to enter text. | Translator Telephone:Click or tap here to enter text. |
| Comments: Click or tap here to enter text. |
| Applicant Birth Date (if known):Click or tap to enter a date. | Applicant Sex:Choose an item. | Marital Status:Choose an item. |
| **Referral Source** |
| Referral Source Name/Provider Contact: Click or tap here to enter text. |
| Address Line1Click or tap here to enter text. |
| Address Line2Click or tap here to enter text. |
| CityClick or tap here to enter text. | Zip:Click or tap here to enter text. |
| Telephone Number:Click or tap here to enter text. | Email:Click or tap here to enter text. |
| Referral source type (select one from drop-down list): Choose an item. | If Family Referral, Relationship to ApplicantClick or tap here to enter text. |
| If other referral source, describe:Click or tap here to enter text. |
| Comments:Click or tap here to enter text. |
| **Diagnosis:** |
| Reported Primary Diagnosis Associated with Waiver Eligibility:Click or tap here to enter text. |
| Onset of Needs Occurred Within:Choose an item. |
| Population category (check all that apply)[ ]  Senior (65+) [ ]  Physical Disability (18-64) [x]  TBI [ ]  IDD  |
|  If TBI applicant, age of onset:Click or tap here to enter text. |
| **Legal Guardian/Relevant Informal Support Contact Information:** |
| Court Appointed Legal Guardian:Choose an item. | Relationship to Applicant:Click or tap here to enter text. |
| Name:Click or tap here to enter text. | Is Guardian address same as applicant?: Choose an item. |
| Telephone:Click or tap here to enter text. | Email:Click or tap here to enter text. |
| Address Line1 Click or tap here to enter text. |
| Address Line2Click or tap here to enter text. |
| CityClick or tap here to enter text. | ZipClick or tap here to enter text. |
| **Community Living Arrangements, if different from current address:** |
| Proposed Region:Choose an item. | Proposed County: Choose an item. |
| Address Line1Click or tap here to enter text. |
| Address Line2Click or tap here to enter text. |
| CityClick or tap here to enter text. | ZipClick or tap here to enter text. |
| Type of community residence: Choose an item.Other type of community residence description: Click or tap here to enter text. |
| Comments: Click or tap here to enter text. |
| **Insurance:** |
| Community Based Medicaid Status: Choose an item. | Medicare # (if applicable):Click or tap here to enter text. | County of Fiscal Responsibility: Choose an item. |
| Check if applicant is a Veteran: [ ]  Other Insurance Plan: Click or tap here to enter text. |
| **Intake Status** |
| [ ]  Transfer to different RRDC Region: | RRDC Region: Choose an item.  |
| Comments: Click or tap here to enter text. |
| [ ]  Applicant appears to meet waiver criteria |
| [ ]  Does not appear to meet waiver criteria due to:(check all that apply): | [ ]  Level of Care [ ]  Death[ ]  Age[ ]  Not MA eligible[ ]  Participant Choice[ ]  Unable to Safely Serve[ ]  Unable to meet Intake within required time frame[ ]  Other: Describe: Click or tap here to enter text. |
| Notice of Decision – Denial of Waiver Program – Issued (Enter Date): Click or tap to enter a date. |
| Referral made to other resource(s):  [ ]  SPOA [ ]  OMH  [ ]  OPWDD [ ]  CDPAS/PCS  [ ]  CHHA [ ]  Open Doors  [ ]  Managed Care [ ]  None  [ ]  Office for the Aging [ ]  Other(s):  Other referral Source: Click or tap here to enter text. |
| **Forms Checklist** |
| [ ]  Waiver Initiative Form…………………………………………. Date: Click or tap to enter a date.[ ]  Release of Information………………………………………... Date: Click or tap to enter a date.[ ]  Initial Applicant Interview and Acknowledgement…………...Date: Click or tap to enter a date.[ ]  Freedom of Choice……………………………………………...Date: Click or tap to enter a date.[ ]  Application for Participation…………………………………….Date: Click or tap to enter a date. [ ]  SC Agency Provider List….…………………………………….Date: Click or tap to enter a date.[ ]  Complaint Protocols…………………………………………….Date: Click or tap to enter a date. |
| Does the applicant have an existing LOC assessment? |
| [ ]  PRI/SCREEN  | Completed Date: Click or tap to enter a date. | RUG Score: Click or tap here to enter text. |
| [ ]  UAS-NY  | Completed Date Click or tap to enter a date. | LOC Score: Click or tap here to enter text. |
| Intake completed by: \_\_Click or tap here to enter text.\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date. \_\_\_ (Name) (Title) (Date) |
| Describe the current community supports available to the applicant:Click or tap here to enter text. |
| Based on information garnered at the intake meeting, the applicant expresses the following choices, needs and challenges:Click or tap here to enter text. |
| The RRDC recommends that the following services be considered in the development of the service plan: Click or tap here to enter text. |
| **Person Entering the Intake Form into the Database** |
| Name:Click or tap here to enter text. | Date:Click or tap to enter a date. |
| Comments:Click or tap here to enter text. |