

## **REFERRAL AND SCREENING**

DATE:
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*Entered in Oversight Account YES/NO by		
Name:	DOB: Gender:	
Address:		
Home/Cell# Email:		
Race: Ethnicity:	# of people living in the home: Veteran:	
*Priority List and Custom Fields		
Health Conditions:		
Services Requested:		
Total Monthly Income:\$ Source of Income:	Any Insurance?	
Caregiver/Client Compatibility:	·	
Does Client have a Live in/Specified Caregiver? Caregiver's Name:		
Current Supports/Services: (Family, Transportation, Meals, Lifeline, Dialysis, Day Programs, Other Agencies)		
Referred By: (Agency, Service link, Family, Friend, Other):		
Name/Agency/Phone/Email:		
-		
*Individual Details		
Primary Language: Interpreter Needed:	Guardian of Self: Marital Status:	
Mobility (Uses Cane/Walker):	Assistive Devices:	
Living Arrangement/Others in the Home:		
	PRIORITY:	
REFERRAL TAKEN BY:	<del></del>	
ASSESSMENTS NEEDED: HOMEMAKING PCSP LNA	nursing location: Blank	

- Title XX Men/Women, Monthly Income is under \$1,561.20 (Hillsborough and Merrimack County)
- Title IIIB Men/Women 60+, Monthly Income is over \$1,561.20 but less than \$2,500 (Hillsborough and Merrimack County)
- Pearl Manor Men/Women 60+, Over Income Limits (Manchester, Bedford, Goffstown, Litchfield, New Boston, Allenstown, Dunbarton, Candia, Auburn, Deerfield.
- Mary Gale Single Women Only, Lives Alone, 65+ Over Income Limits (Manchester, Hooksett, Auburn, Londonderry, Candia Windham, Derry)
- CFI (Medicaid) Men/Women, Older Adults & Adults' W/Disabilities Who Have Medicaid
- Private Pay-Men/Women, Older Adults & Adults' W/Disabilities Who Do Not Qualify For Any Other Funding.