State of Alaska DHSS Division of Senior & Disabilities Services

Consumer Characteristics

Name (Last, First, Middle Initial Date of Birth Form Date	Basic Information	Circle One: HDM		Congregate			Transportation	
Mailing Address (if different than physical City State Zip Code Contact Information Phone Number Email Emergency Contact Name Relationship Phone Number Demographics Race (Check all that apply) Gender Ethnicity Individuals Income Alaskan Native/American Indian Female Unknown In home Annual Monthly	Name (Last, First, Middle Initial	Ι	Date of Birth		Form Date			
Mailing Address (if different than physical City State Zip Code Contact Information Phone Number Email Emergency Contact Name Relationship Phone Number Demographics Race (Check all that apply) Gender Ethnicity Individuals Income Alaskan Native/American Indian Female Unknown In home Annual Monthly								
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Black/African American	Alaskan Native/American Indian			☐ Unknow	'n	in home	Annual	Monthly
Black/African American	☐ Asian/Asian American		□ Male	☐ Hispanio	or Latino	1	\$16,990	\$1,416
Native Hawaiian/Pacific Islander Minority Status 3 \$28,790 \$2,399 Non-Minority (white, non-Hispanic) Minority Do you live alone? 4 \$34,690 \$2,891 White Hispanic Non-Minority Yes No 5 \$40,490 \$3,383 Are you a Veteran? Is household income at or below the above income guide? Yes No Yes No Ability and Assistance If you use personal or stand-by assistance, supervision, or cues to perform the following activities please check the corresponding box. Check all the apply. Instrumental Activities of Daily Living (IADLs) Feeding Dressing Preparing Meals Dressing Dressing Medication management Dressing Dressing Using telephone Bathing Doing laundry Toileting Doing laundry Toileting Has Alzheimer's or Related Dementia/Disorder (ADRD): Yes No Don't Know Has Traumatic or Acquired Brain Injury (TABI): Yes No Don't Know Total score from your Nutritional Health (required for home delivered meals) If yes, please describe allergies: For Adult Day Services (ADS) Consumers Only Indicate Payment Source: Adult Day Services (ADS) Grant Medicaid Waiver	<u> </u>		Other	+				
Non-Minority (white, non-Hispanic)		N			Danie of Latino			
White Hispanic		Ė		Do you live	alono?			
Is household income at or below the above income guide? Yes No Yes No No Yes No No No Yes No No No No No No No N			-			 		
Ability and Assistance If you use personal or stand-by assistance, supervision, or cues to perform the following activities please check the corresponding box. Check all the apply. Instrumental Activities of Daily Living (IADLs) Preparing Meals Shopping for personal items Shopping for personal items Managing money Using telephone Doing laundry Doing light housework Using available transportation Are you Diabetic? Yes No Preferr Milk or Juice? Milk Juice Bushing Do you have food allergies? Yes No If yes, please describe allergies: Employee Initials Date For Adult Day Services (ADS) Consumers Only Indicate Payment Source: Adult Day Services (ADS) Grant Medicaid Waiver		L	Non-Minority					
Ability and Assistance If you use personal or stand-by assistance, supervision, or cues to perform the following activities please check the corresponding box. Check all the apply. Instrumental Activities of Daily Living (IADLs) Preparing Meals Shopping for personal items Medication management Medication management Shopping for personal items Medication management Doing laundry Doing laundry Doing light housework Wising available transportation Are you Diabetic? Yes No Doy un have food allergies? Yes No Total score from your Nutritional Health (required for home delivered meals) If yes, please describe allergies: For Adult Day Services (ADS) Consumers Only Indicate Payment Source: Adult Day Services (ADS) Grant Medicaid Waiver						below ti	ie above iii	come guide:
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Corresponding box. Check all the apply.								
Instrumental Activities of Daily Living (IADLs)	• •	-	ion, or cues to pe	erform the fol	lowing activitie	es please	e check the	
Preparing Meals								
Shopping for personal items		(IADLs)			Daily Living (A	ADLs)		
Medication management								
Managing money	☐ Shopping for personal items			☐ Dressing				
Using telephone								
Doing laundry	☐ Managing money			☐ Transferring in/out of bed/chair				
Doing light housework				☐ Bathing				
Using available transportation	☐ Doing laundry			☐ Toileting	9			
Yes No Don't Know Has Traumatic or Acquired Brain Injury (TABI): Preferr Milk or Juice? Milk Juice Yes No Don't Know	☐ Doing light housework							
Are you Diabetic? Yes No Preferr Milk or Juice? Milk Juice Yes No Don't Know	☐ Using available transportation			Has Alzhein	ner's or Related	d Demen	tia/Disord	er (ADRD):
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