

Date _____ Agent name _____

THP to SCO FEW Homeless

First name: _____ M.I.: _____ Last name: _____ Date of birth: _____ Gender: F M

Street: _____ City: _____ Language: _____

Primary phone number: _____ Alternate phone number: _____ Best time to call: (select all that apply)
 Morning Afternoon

This is a cell phone This is a cell phone

* Y **Is anyone else in the home active with our SCO?** N If yes, name: _____ Relationship: _____
Is this a companion case with another person enrolling at the same time? Y N

Does anyone help you with bathing, dressing, or using the bathroom?
If yes, name: _____ Relationship: _____

Should we contact someone to help schedule your Initial Clinical Assessment?
If yes, name: _____ Relationship: _____

Phone number: _____ Alternate phone number: _____ Best time to call: (select all that apply)
 Morning Afternoon
 This is a cell phone This is a cell phone

List preferred language, if other than English:

Will you be away within the first month of coverage?

If yes, provide detail on length and dates:

Name of PCP:

Y **Is PCP new?**

N If yes, list previous PCP name (FIRST OPTION):

List previous PCP affiliation (ADD LOCATION, IF KNOWN):

Unknown

Unknown

Do you see a psychiatrist, counselor, therapist, social worker, or substance use disorder specialist?

If yes, type:

Provider and/or location name:

Do you receive services from the Department of Mental Health (DMH) or the Department of Developmental Services (DDS)?

Do you have any surgery pending/scheduled?

If yes, date:

Type:

Facility

Are you on dialysis?

If yes, do you need transportation?

Y N

Type of service	Received	Interested	Name of agency/facility
Adult Foster Care (AFC)			
Personal Care Attendant (PCA = Paid Caregiver)			
Adult Day Health (ADH)			
Group Adult Foster Care (GAFC)			
Assisted Living			
Home Health Aid			
Personal Care Services (PC)			
Physical/Occupational Therapy			
Skilled Nursing Services (VNA)			
Nursing Home			
Laundry			
PERS			
Other			

Type of equipment received:

- Oxygen
- Blood glucose meter
- Wheelchair or walker

Additional notes: