

**CONFIDENTIAL**



AMHT  
CODE: \_\_\_\_\_

**VISITOR** \_\_\_\_\_

**ParaPlan IDN:**  
**IDN:**

### CARE-A-VAN – PARTICIPANT REGISTRATION FORM

SITE:	JUNEAU/DOUGLAS			DATE:			
NAME: (LAST, FIRST, MIDDLE INITIAL):							
PHYSICAL ADDRESS:							
MAILING ADDRESS:				EMAIL:			
CITY:				STATE:		ZIP:	
PHONE NUMBER:				CELL PHONE:			
BIRTH DATE:				MALE:		FEMALE:	

\*\*\*\*\* THIS INFORMATION IS IMPORTANT FOR FEDERAL FUNDING \*\*\*\*\*

ETHNICITY: (Check)	<input type="checkbox"/> Alaskan Native/ American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	

DO YOU LIVE ALONE?	YES	NO	DO YOU HAVE DIABETES?	YES	NO
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IS YOUR INCOME ABOVE (\$1,265 – 1 person) or (\$1,715) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?					
YES			NO		

DO YOU HAVE A DISABILITY?	YES	NO
ARE YOU 80 OR OLDER?	YES	NO

SPOUSE'S NAME:			
EMERGENCY CONTACT:			
TELEPHONE:			

DO YOU HAVE AN ADA CARD?	YES	NO	<b>SERVICES RECEIVED</b>
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ADA CARD NUMBER:				<b>MANAGER PLEASE CHECK ONE:</b>
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<b>Indicate if the participant uses:</b>				<input checked="" type="checkbox"/> XXX	Transportation
Wheelchair:	Walker:	Cane:			Shopping Assistance
					Adult Day Program
					Other

<b>DO YOU USUALLY RIDE WITH AN ESCORT?</b>					
YES			NO		

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
Comments:		<input type="checkbox"/>	Using available transportation
		<input type="checkbox"/>	Total IADL's

Referred By:				Phone Number:	
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<b>For Project Use Only:</b>						<b>REV 1-31-187</b>
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**