

**STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION
COMMUNITY BASED CARE REFERRAL**

HCBW FE HCBW PD
COPE PAS Homemaker

Demographic Information		
Name of Applicant (Last, First, Middle):	Social Security Number:	Date of Birth:
Street Address:	Medicare Number:	Age:
City, State, Zip Code:	Marital Status:	Race:
Telephone Number:	Secondary Phone Number:	

Family/Legal Representative/POA/Guardian:	Relationship:	Phone Number:
Referring Party:	Relationship/Referral Source:	Phone Number:
Current Living Situation: ALONE <input type="checkbox"/> LIVING WITH FAMILY <input type="checkbox"/> OWN HOME <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APARTMENT <input type="checkbox"/> SNF <input type="checkbox"/> OTHER <input type="checkbox"/> _____		

Applicant Clinical Information						
Diagnosis:				Physician Name/Number:		
Activities of Daily Living	Independent	Supervision/Cueing	Limited Assist or Greater	Cognitive Status	Intact	Impaired
Bathing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Memory	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decision Making	<input type="checkbox"/>	<input type="checkbox"/>
Toileting*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eating*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Used by Applicant: Cane <input type="checkbox"/>		
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedbound <input type="checkbox"/> Other <input type="checkbox"/>		
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other Care Needs:						
Current Services Receiving:						None: <input type="checkbox"/>

Financial Information			
	Applicant's Income	Spouse's Income	Resources and Asset Amounts
Social Security	\$	\$	Checking \$
Pension	\$	\$	Savings \$
Other	\$	\$	Other \$
Total	\$	\$	Direct Express Account: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Does the applicant have a life insurance or burial policy: Yes No Unknown

Is the applicant currently on Medicaid: Yes No Unknown Medicaid number: _____

Risk Assessment

Is the applicant at risk of nursing home placement: Yes No Unknown

Is the applicant currently in a hospital, group home, or nursing facility: Yes No

Name of Facility:

Address/Phone:

Anticipated Discharge Date:

In Crisis or Needed Emergency:
Yes No

Transitioning from another service:
Yes No Unknown

Hospice/Terminal Illness:
Yes No

Waiver Service Needs

Does the applicant require **Group Home** or **Assisted Living Placement**: Yes No Unknown

Is the applicant in need of **Homemaker** services: Yes No Unknown

Please Check: Shopping Meal Prep Housework Laundry **CHORE**

Does the applicant require a **Personal Emergency Response System (PERS)**: Yes No Unknown

Does the family/caregiver require **Respite** services: Yes No Unknown

Is the applicant in need of **Adult Day Care/Companion** services: Yes No Unknown

Is the applicant in need of **Environmental Accessibility Adaptations** for home: Yes No Unknown

If homebound, will the applicant require **Home Delivered Meals**: Yes No Unknown

Further Comments/Additional Information

Please email completed form to one of the following email addresses:

Southern Nevada (Las Vegas area) - CBCSouthIntake@adsd.nv.gov
Northern Nevada (Reno, Carson City, Elko) - CBCNorthSupport@adsd.nv.gov

Or mail or fax to one of the ADSD offices below:

Las Vegas

3320 W. Sahara Avenue Ste.100
Las Vegas, Nevada 89102
Phone: 702-486-3545
Fax: 702-486-3569

Carson City

3416 Goni Rd. Suite D-132
Carson City, Nevada 89706
Phone: 775-687-4210
Fax: 687-0574

Reno

9670 Gateway Drive Suite100
Reno, Nevada 89521
Phone: 775-687-0800
Fax: 775-688-2969

Elko

1010 Ruby Vista Drive, Suite 104
Elko, Nevada 89801
Phone: 775-738-1966
Fax: 775-753-8543