

CONFIDENTIAL



AMHT
CODE: _____

VISITOR _____

ADA Card: _____
ParaPlan IDN: _____

Capital AKcess – 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 <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE DIABETES?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
IS YOUR INCOME ABOVE (\$1,265 – 1 person) or (\$1,715) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DO YOU HAVE A DISABILITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE YOU 80 OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SPOUSE'S NAME:				TELEPHONE:	
EMERGENCY CONTACT:					
DO YOU HAVE AN ADA CARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SERVICES RECEIVED		
ADA CARD NUMBER:				MANAGER PLEASE CHECK ONE:	
Indicate if the participant uses:				<input type="checkbox"/>	Transportation
Wheelchair:	<input type="checkbox"/>	Walker:	<input type="checkbox"/>	<input type="checkbox"/>	Shopping Assistance
Cane:	<input type="checkbox"/>				Adult Day Program
DO YOU USUALLY RIDE WITH AN ESCORT?				<input type="checkbox"/>	Other
	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

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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For Project Use Only:				REV 02-13-20			
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