

CONFIDENTIAL



AMHT
CODE: _____

VISITOR _____

ADA Card:
ParaPlan IDN:

PARTICIPANT REGISTRATION FORM

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

***** 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 checked="" 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"/>	ARE YOU A VETERAN?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
IS YOUR INCOME ABOVE (\$1,568 – 1 person) or (\$2,128) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SPOUSE'S NAME:			
EMERGENCY CONTACT:			
	TELEPHONE:		
SERVICES RECEIVED			
MANAGER PLEASE CHECK ONE:			
Indicate if the participant uses:			<input checked="" type="checkbox"/> Transportation
Wheelchair:	Walker:	Cane:	
DO YOU USUALLY RIDE WITH AN ESCORT?			
	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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By Whom:	Reviewed By Management	Date:	
	Title:		