

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF SENIOR SERVICES

HOME AND COMMUNITY SERVICES INTAKE/SCREENING

COUNTY			REGION			INTAKE PERSON			RECEIVED			ROUTING							
DATE			TIME			LINE			<input type="checkbox"/> CALL TO:			<input type="checkbox"/> FAX/MAIL TO:							
DATE			TIME			DATE			TIME			DATE			TIME				
1. CLIENT NAME (RA)						DCN			R	S	DOB		SOCIAL SECURITY NO.			STATED NEED	<input type="checkbox"/> SERVICE	<input type="checkbox"/> I & R	
ADDRESS						STREET			CITY			ZIP		PHONE NUMBER(S)			LIV ARR	<input type="checkbox"/> LTC SCREEN	<input type="checkbox"/> ANE

OTHER PERSONS	ROLE	REL	ADDRESS	PHONE	R	S	DOB/DCN
2.							
3.							
4.							
5.		DR.					
6.		CONTACT					

SCREENING - DOES CLIENT?	RPT	ASD	REMARKS	SCREENING - DOES CLIENT?	RPT	ASD	REMARKS
11. USE TELEPHONE?				13. GET TO TOILET IN TIME?			(PC)
12. GET OUT OF BED UNASSISTED?			(MOB)	14. SEE PHYSICIAN? FREQUENCY?			(MON)
13. WALK UNASSISTED?			(MOB)	15. FOLLOW MEDICAL DIRECTIONS?			(MON)
14. GET OUTSIDE HOME?			(MOB)	16. HAVE PRESCRIBED MEDICATIONS?			(MEDS)
15. SHOP FOR ESSENTIALS?				17. HAVE DIABETES?			(MEDS)
16. HANDLE MONEY/PAY BILLS?				18. RECEIVE HOME HEALTH?			(TRTS)
17. PREPARE MEALS?			(DIET)	19. HAVE PHYSICIAN ORDERED INSTRUCTION?			(REST)
18. EAT UNASSISTED?			(DIET)	20. HAVE PHYSICIAN ORDERED THERAPIES?			(REHAB)
19. DO ROUTINE HOUSEWORK?				21. HAVE ADEQUATE INFORMAL SUPPORTS?			
10. DO LAUNDRY?				22. SEEM CONFUSED?			(BEH)
11. DRESS AND UNDRRESS SELF?			(PC)	23. HAVE ABILITY TO SHARE IN COST OF CARE?			
12. SHOWER/BATHE/GROOM SELF?			(PC)	24. OTHER:			

D I S P O S I T I O N	<input type="checkbox"/> ANE		REPORT NO.	CLASS	X-REF REPORT NO.		DIRECTIONS TO LOCATE - COMMENTS TO PROVIDER - POTENTIAL DANGERS															
	<input type="checkbox"/> LTC SCREEN		REF. NO.	CLASS	<input type="checkbox"/> SCREEN <input type="checkbox"/> TO DFS <input type="checkbox"/> H.D. MEAL <input type="checkbox"/> OTHER																	
	<input type="checkbox"/> I & R		PRELIMINARY LEVEL OF CARE																			
	<input type="checkbox"/> CALL BACK NEEDED		MON	MEDS	TRTS	REST											REHB	PC	DIET	MOB	BEH	LOC
	<input type="checkbox"/> WAITING LIST		<input type="checkbox"/> REJECTED		<input type="checkbox"/> ASSIGNED FOR SERVICE																	
ASSIGNED WORKER NAME					LOAD NO.	DATE ASSIGNED	TIME															

