Referral for Assistance

SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING (SARCOA)

1075 S. Brannon Stand Rd. ~ Dothan, AL 36305 ~ Phone: 334-793-6843/ 1-800-239-3507 ~ Fax: 334-671-3651

Per										
ast Name:	First:		_ M.I.: C	ЮВ:	Age:	_ S.S. # _		(Circ	cle One)	Male Fe
Address:			City:		State:	z	ip:	County:		
Iome Phone:	Other P	hone:		Emai	l:		Pro	eferred Con	ntact: Pho	ne Mail I
tace: (circle what apply) Cau	ucasian Afric	an Am	Alaskan	Am Indian	Hawaiian	Pac Isla	ander Other	(specify)		
thnicity: Hispanic/ Latino	_ Not Hispanic/	Latino _	Marital S	Status:	N	1arried	Separate	edD	ivorced _	Wido
Vhat is your preferred languag	<u>re?</u>		Any	special requi	rements due to	your cu	ltural and/or re	ligious beli	efs?	_YES
are You a Veteran?YES	NO Spous	e or Depe	endent of a Vet	eran?	YESNO F	ave you	applied for Ve	teran's Ben	efits?	_YES
oo you have Medicare?	YES NO	What I	Parts? (circle v	what apply)	A B	D N	1edicare #:			
oo you have Medicaid?										B QI-1
Caregiver (unpaid):										-
Address:		Ci	ity:		State:	Zip	·	County:		
Now many people live with OURCES OF INCOME:	you, including	yourself	f?	_	Total Househo Do you Drive		-			(Monthly
Salary/ Wages	\$		Child Suppo	rt	\$		Social Security		\$	
Jaiary, Wages	7					Social Security Disabil				
Veteran's Benefits	\$		Pension		\$		Social Security	Disability	\$	
			Pension Interest Inco		\$		Social Security SSI	Disability	\$	
Veteran's Benefits Railroad Retirement Unemployment	\$ \$		Interest Inco	ome	\$		SSI	,	\$	
Veteran's Benefits Railroad Retirement	\$ \$ \$	_ Addre	Interest Inco	ome	\$		SSI	hone:	\$	
Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Medical Condition: (check all the Alcoholism	\$ \$	D	Other	ome Heari	\$ \$	Men	SSI Pl	hone:	\$ =ailure	
Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Medical Condition: (check all the Alcoholism Asthma	\$ \$ at apply) Arthritis Cancer	D H	Other Pss: Diabetes lead Injury	Heari	\$ \$ \$ ang Impaired AIDS	Men Mult	SSI PI	hone: Renal F	\$ Failure	
Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Alcoholism Asthma Alzheimer's/Dementia	\$ \$ anat apply) Arthritis Cancer COPD	D H G	Other sss: plabetes lead Injury lastrointestinal	Heari HIV/	s s s s s s s s s s s s s s s s s s s	Men Mult Para	SSI Plantal Illness ciple Sclerosis	hone: Renal F Stroke Visuall	\$ Failure	
Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Medical Condition: (check all the Alcoholism Asthma	\$ \$ at apply) Arthritis Cancer	D H G	Other Pss: Diabetes lead Injury	Heari HIV/	\$ \$ \$ ang Impaired AIDS	Men Mult Para	SSI PI	hone: Renal F	\$ Failure	
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Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Alcoholism Asthma Alzheimer's/Dementia Amputee	\$ \$ \$ arthritis Cancer COPD Depression	D H G	Interest Inco Other ess: Diabetes lead Injury Eastrointestinal leart Dz/ CHF	Heari HIV/	s s s s s s s s s s s s s s s s s s s	Men Mult Para Park	tal Illness ciple Sclerosis lysis inson's	hone: Renal F Stroke Visuall	\$ Failure y Impaired	
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Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Alcoholism Asthma Alzheimer's/Dementia Amputee Other Diagnoses: How often do you see your doctor Special Diet? Y or N What? Do you exercise? Y or N How often do you exercise? Need Help With?	\$ \$ \$ \$ anat apply) Arthritis Cancer COPD Depression	O You Ha	Interest Inco Other Pass: Diabetes Diabetes	Ramps Shower Chair Walker Wheelchair	s s s s s s s s s s s s s s s s s s s	Men Multi Para Park Park Pervices:	tal Illness ciple Sclerosis lysis inson's What oreferral Help W AESAP/S Alabama Caregive Energy A	Renal F Stroke Visually Seizure Outcome wo 1? Vith: (circle SNAP a Cares er Services	\$ Failure y Impaired e puld you li all that app Legal Ass Medicaid Personal	ke from the ly) istance Waiver Care
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Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Medical Condition: (check all the Alcoholism Asthma Alzheimer's/Dementia Amputee Other Diagnoses: How often do you see your doctors Special Diet? Y or N What? Do you exercise? Y or N How often do you exercise? Need Help With? Walking Housework Eating Preparing Meal	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	O You Haran Manager Ma	Interest Inco Other Pass: Diabetes Diabetes	Heari HIV/ Hype Incon Shower Chair Walker Wheelchair Six months?	s s s s s s s s s s s s s s s s s s s	Men Multi Para Park Park Park Park Park Park Park	tal Illness ciple Sclerosis lysis inson's What oreferral Help W AESAP/S Alabama Caregive Energy A Food Ass	Renal F Stroke Visually Seizure Outcome wo I? Vith: (circle SNAP a Cares er Services Assistance sistance aker Services	\$ Failure y Impaired puld you li all that app Legal Ass Medicaid Personal Senior Co SHIP Cou	ke from the ly) istance Waiver Care enter nseling
Veteran's Benefits Railroad Retirement Unemployment Primary Physician: Alcoholism Asthma Alzheimer's/Dementia Amputee Other Diagnoses: How often do you see your doctor Special Diet? Y or N What? Do you exercise? Y or N How often do you exercise? Need Help With? WalkingHousework	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	D H H G G H H H H H H H H H H H H H H H	Interest Inco Other Pass: Diabetes Diabetes	Heari HIV/ Hype Incon Shower Chair Walker Wheelchair Six months?	s s s s s s s s s s s s s s s s s s s	Men Multi Para Park Park Park Park Park Park Park	tal Illness tiple Sclerosis lysis inson's What oreferral Help W AESAP/S Alabama Caregive Energy A Food Ass Homema Home H	Renal F Stroke Visually Seizure Outcome wo I? Vith: (circle SNAP a Cares er Services Assistance sistance aker Services	\$ Failure y Impaired y Impaired e puld you li all that app Legal Ass Medicaid Personal Senior Co SHIP Cou Homeboo	ke from the ly) istance Waiver Care enter nseling und Meals n Assistance

Do you have a Last Will/ Testament? ____ YES ____ NO Are you in need of securing a Last Will/ Testament? ____ YES ____ NO