In-Home Supportive Services Application Referral Form

I. CONTACT INFORMATION

1. Are you making this referral for yourself? ☐ Yes (Proceed to #3) ☐ No (Proceed to #2)

2. If you answered "No" above, what is your relationship to the applicant?

☐ Parent ☐ Adult Son ☐ Adult Daughter ☐ Friend ☐ Hospital Discharge Planner

☐ Other, please explain:

Your Name: Telephone Number:

3. Applicant Name:		**4.** Gender: ☐ Male ☐ Female
5. Social Security Number:	**6.** Birthdate:	**7.** Language/Ethnicity:
8. Address:		
9. E-mail Address:		**10.** Telephone Number:

11. Are you related to a Napa County employee? ☐ Yes ☐ No - If yes, who/relationship?

12. Whom should we contact for additional information?

☐ Applicant ☐ Other, please provide name and telephone number:

II. HOUSEHOLD COMPOSITION

13. Does the applicant live alone? ☐ Yes ☐ No (List household members below)

Name/s:	Relationship to Applicant:	Birthdate:

III. DIAGNOSIS/HEALTH PROBLEMS:

14. What is your disabling condition(s) (including mental illness)?

15. Do you expect your disability to last 12 months or more? ☐ Yes ☐ No

16. Have you had a fall in the past year? ☐ Yes ☐ No

If yes, where and did it result in injury?

17. Have you been to the emergency room or hospitalized in the past year? ☐ Yes ☐ No

If yes, what happened and how long were you there for?

IV. AT RISK OF OUT OF HOME PLACEMENT:

18. Do you need assistance every day? ☐ Yes ☐ No- If no, how many days/week?

19. Is there someone currently helping you? ☐ Yes ☐ No. If yes, who?

20. What type of assistance do you need?

☐ Housecleaning ☐ Meal Preparation ☐ Grocery Shopping ☐ Running Errands ☐ Laundry

☐ Bathing ☐ Dressing ☐ Toileting ☐ Walking ☐ Transfers

☐ Medication Management ☐ Accompaniment to Medical Appointments

Other, please explain:

21. Do you have Medi-Cal? ☐ Yes ☐ No – If no, you will need to apply.

22. Are you blind or visually impaired? ☐ Blind ☐ Visually Impaired ☐ N/A

23. If you are blind or visually impaired, would you like an accommodation? ☐ N/A ☐ No

☐ 18 point font documents ☐ Audio CD ☐ Data CD ☐ County Support