Kansas Department for Aging and Disability Services
ADRC Information, Referral and Assistance Form

Date:

CONTACT INFORMATION

First Name: _____ Last Name: _____ Age: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Notes:

CONTACT CATEGORIES

Calls Purpose: ☐ Assistance ☐ Dropped Call ☐ Hang-Up ☐ Information ☐ Referral

Caller Type: ☐ Caregiver ☐ Customer ☐ Family ☐ Other ☐ Potential Customer ☐ Professional

Need Relates To:

- ☐ Aging
- ☐ Dementia
- ☐ MR / DD/ ID
- ☐ Mental Health
- ☐ Multiple Disabilities
- ☐ No Disabilities
- ☐ Physically Disabled
- ☐ Traumatic Brain Injury
- ☐ Unknown
- ☐ Unspecified Disabilities

PROGRAM TYPE

☐ OAA IIIB ☐ OAA II E ☐ Medicaid ☐ Non-Medicaid / Non-OAA

NEEDS

As Customer tells their story, mark all of the following major need(s) that apply:

- ☐ Abuse/Neglect/Exploitation
- ☐ Assistive Technology
- ☐ CARE
- ☐ Caregiver Support
- ☐ Cognitive/Mental Health
- ☐ Crisis Intervention
- ☐ Durable Medical Equipment
- ☐ Employment/Ticket to Work
- ☐ Financial Assistance
- ☐ Financial Management Service (FMS)
- ☐ Hospitalization
- ☐ Housing / Supplies
- ☐ In Home Services
- ☐ KanCare Mailings
- ☐ KanCare Options
- ☐ Legal Assistance
- ☐ Long Term Care Options
- ☐ Medicaid App. Info.
- ☐ Medicaid Assistance
- ☐ Medicaid Denial
- ☐ Medicare/SHICK
- ☐ Medication Management
- ☐ NF / ACH Placement Options
- ☐ Nutrition Support
- ☐ Other
- ☐ Peer Support
- ☐ Private Pay Options
- ☐ Rehabilitation (vision and hearing)
- ☐ Respite
- ☐ Substance Abuse
- ☐ Transportation
- ☐ Transition
- ☐ Veteran's Services

During caller's identification of needs, did any of the following issues arise?
(These are not questions to be asked, but rather themes to listen for as the client tells their story.)

- ☐ Abuse, Neglect, Exploitation
- ☐ Change in Living Arrangement
- ☐ Complex / unstable Medical or Mental Health
- ☐ Dementia / Confusion / Cognitive Impairment
- ☐ History of Falls
- ☐ Hospitalization(s) or Nursing Home(s) stays
- ☐ Limited Finances
- ☐ Limited Informal Supports
- ☐ Medication Management
- ☐ On Waiting List for Public Services
- ☐ Situational Changes/Caregiver

CONTACT RESOLUTION

After completing call, mark any of the following major referral(s) categories that apply:

- ☐ Crisis Intervention
- ☐ KanCare
- ☐ Local AAA
- ☐ Local CDDO
- ☐ Local CIL
- ☐ Local CMHC
- ☐ No Referral
- ☐ Public Funded Program (includes Medicaid)
- ☐ Specific Community Service(s)

Referred for Options Counseling To: _____