ALZHEIMER'S ASSOCIATION®
Alzheimer's Association Washington State Chapter
Serving Washington & North Idaho

Referral for Dementia Care Consultation

Family Caregiver Support and El Portal Program

Eligibility: Caregiver is unpaid and lives in **King or Snohomish County**; Caregiver and Care Receiver are 18 years or older; Care Receiver is not receiving Medicaid for Long-term Services; Care Receiver is living in an independent setting (not residing in a SNF, ALF, or AFH).

If ALL above criteria are met, mark "**X**" in Yes box: ☐ Yes, meets criteria ☐ Unsure

Referral Source - Name: ____________ Referral Date: ____________

Agency/Organization: ____________ Referral Source - Tel: ____________

GetCare ID (if applicable): ____________ Referral Source - email: ____________

Caregiver Info:

Name: ____________ Caregiver Primary Language: ____________

Date of Birth: ____________ # of people in household?: ____________

Street Address: ____________

City: ____________ Caregiver phone #: ____________

Zip: ____________ Caregiver email: ____________

County: ____________

Caregiver aware of referral?: ☐ Yes ☐ No

May we leave a Voicemail or Email identifying the Alzheimer's Association?: ☐ Yes ☐ No

Additional Contact Considerations: ____________

Care Receiver Info:

Name: ____________ Same address as caregiver?: ☐ Yes ☐ No

Date of Birth: ____________ **If no,** Care Receiver's address: ____________

Relationship to Caregiver: ____________

Demographics (CG = Caregiver, CR = Care Receiver):

CG Marital Status:

- ☐ Single
- ☐ Married
- ☐ Domestic partner
- ☐ Divorced/Separated
- ☐ Widowed
- ☐ Other

CG Employment Status:

- ☐ Retired
- ☐ Working - FT
- ☐ Working - PT
- ☐ Unemployed

Military veteran?

Caregiver	**Care Receiver**
☐ Yes	☐ Yes
☐ No	☐ No
☐ Unk.	☐ Unk.

CG has a Disability?:

- ☐ Yes
- ☐ No
- ☐ Unknown

CG Gender:

CG Sexual Orientation:

CR Gender:

Race/Ethnicity?
Caregiver | **Care Receiver**

Education level? (Some HS, HS, BA, Some college, Post-grad, etc.)
Caregiver | **Care Receiver**

Any immediate safety concerns? (e.g. wandering, use of oven/stove, guns/weapons, etc.)

Summary:

Referrals are processed within 5-7 business days

FAX referral to **206-363-5700** or EMAIL to **HelplineWA@alz.org**

Seattle - Main Office
10700 Meridian Ave N
Suite 503
Seattle, WA 98133
206.363.5500

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