



REFERRAL FOR: CARE COORDINATION

Eligibility: Client lives in King County; Client is over 60 years old or 18+ with a disability; Client is not receiving COPES/CFC services; Client does not have an ongoing case manager; and Client is not residing in a SNF, ALF, or AFH.

*If ALL above criteria are met, please mark "X" in this box []

Client DEMOGRAPHICS: NAME: GENDER: DOB: ADDRESS: CITY, ZIP: PHONE: ALT. PHONE: MESSAGES OK? EMAIL: RACE & ETHNICITY: VETERAN? DISABILITY STATUS: ENGLISH FLUENCY? SEXUAL ORIENTATION: HOUSEHOLD COMPOSITION: MONTHLY INCOME: JEWISH? PRIMARY LANGUAGE: NEED INTERPRETER? HOMELESS?

Primary client needs (client must have at least two needs):

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SUMMARY of situation:

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ADL Help: Eating, Toileting, Walking, Transferring, Dressing, Bathing, Med Mgmt. IADL Help: Cooking, Shopping, Driving, Heavy Housework, Phoning, Money Mgmt.

SAFETY ISSUES: WEAPONS, VIOLENCE TOWARD OTHERS, OTHER HOME ENVIRONMENTAL RISK, NONE, SUICIDE RISK, ANIMALS, INFECTIOUS DISEASE?

REFERENT NAME: AGENCY: EMAIL ADDRESS: REFERRAL DATE: PHONE #:

**FAX COMPLETED FORM TO: JFS Older Adult Services Intake at 206-861-3182 (FAX)