

# ARCTIC ACCESS INTAKE FORM

**Consumer Name:** \_\_\_\_\_

**Caller's Name:** \_\_\_\_\_

**Organization/Ref by:** \_\_\_\_\_

**Address/Change:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Female    Male   **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Social Security #** \_\_\_\_\_

**Ethnicity:**

- White                       American/Alaska Native
- Hispanic/Latino            Asian
- Black/ African American    Hawaiian/Pacific Islander
- No Race Specified

**Primary Language:**    English    Spanish    Korean  
 Native Alaskan    Other

**Do you receive Medicaid?**    Yes    No    Applying  
 Medicaid # \_\_\_\_\_

**Disabilities** *(be specific and identify Primary disability):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Physical    Developmental Disabilities    Cognitive
- Mental/Emotional    Hearing    Vision    Other:

**Learned of Services:**

- Self                       Materials    Other
- Family/Friend            Presentation   \_\_\_\_\_
- Service Provider    Staff   \_\_\_\_\_

**Reason for Seeking Services**  
*(Check all that apply):*

**Program Information**

**Personal Care Services**  
 PCA    Chore    Respite

**IL Skills Training (Specify)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Advocacy (Specify)**

\_\_\_\_\_

\_\_\_\_\_

**Home Modifications (Specify):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assistive Technology (Specify)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE**

**Form Completed By:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time Spent:** \_\_\_\_\_

**Routed To:** \_\_\_\_\_

**Information Forwarded:**

- Brochure (Arctic Access, )
- PCA/PAS Information
- PCA/Consumer Info Change
- USDA application
- Home Mod Program List
- ADA Materials
- Rural Transportation Survey
- \_\_\_\_\_

**CDPCS Information**

Medicaid # \_\_\_\_\_

Care Coordinator: \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Transfer

New

Shared Agency

*(2/2005)*

