

# Consumer Application

Office: \_\_\_\_\_

Staff: \_\_\_\_\_

Consumer Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone (V/TTY): \_\_\_\_\_

Cell/Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing List? Yes  No

Application Date: \_\_\_\_\_

Exit Date: \_\_\_\_\_

Reopen Date: \_\_\_\_\_

Exit Date: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

PCA Address: \_\_\_\_\_

Check PRI for Primary

Language: and O for Other

**Marital Status**

- Married
- Living with Significant Other
- Divorced
- Separated
- Widow
- Single

**Learned about our Services**

- Self
- Service Provider
- Family or Friend
- Consumer
- Staff/Board Member
- Presentation
- Media
- Materials/Brochures
- Other

**Ethnicity**

- Native American/Native Alaskan
- Asian
- African American
- Caucasian
- Hispanic
- Hawaiian/Pacific Islander

PRI	O
<input type="checkbox"/>	<input type="checkbox"/> Crow
<input type="checkbox"/>	<input type="checkbox"/> Cantonese
<input type="checkbox"/>	<input type="checkbox"/> Carolinian
<input type="checkbox"/>	<input type="checkbox"/> Chamorro
<input type="checkbox"/>	<input type="checkbox"/> English
<input type="checkbox"/>	<input type="checkbox"/> French
<input type="checkbox"/>	<input type="checkbox"/> German
<input type="checkbox"/>	<input type="checkbox"/> Hawaiian
<input type="checkbox"/>	<input type="checkbox"/> Llokano
<input type="checkbox"/>	<input type="checkbox"/> Japanese
<input type="checkbox"/>	<input type="checkbox"/> Korean
<input type="checkbox"/>	<input type="checkbox"/> Laotian
<input type="checkbox"/>	<input type="checkbox"/> Mandarin
<input type="checkbox"/>	<input type="checkbox"/> Northern Cheyenne
<input type="checkbox"/>	<input type="checkbox"/> Samoan
<input type="checkbox"/>	<input type="checkbox"/> Spanish
<input type="checkbox"/>	<input type="checkbox"/> Tahitian
<input type="checkbox"/>	<input type="checkbox"/> Tongan
<input type="checkbox"/>	<input type="checkbox"/> Vietnamese
<input type="checkbox"/>	<input type="checkbox"/> American Sign ((ASL)
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

**Disability: PRI is for primary disability and O for other disabilities.**

PRI	O		PRI	O	
		ADD/ADHD			Neuromuscular Disease
		ALS (Lou Gehrig's Disease)			Orthopaedic Impairment
		Alzheimer's/Dementia			Paranoia
		Amputation _____			Parkinson's Disease
		Anxiety			Psychiatric Disability
		Arthritis			Respiratory Condition
		Asperger's			Schizophrenia
		Autism			Speech Impairment
		Bipolar			Spina Bifida
		Blind			Spinal Cord Injury
		Cancer _____			Stroke
		Cardiac/Circulatory (heart/circulation)			Thyroid
		Cerebral Palsy			Visual Impairment
		Chemical Dependency			Other _____
		Cognitive Disability			
		Deaf			
		Depression			
		Diabetes Type 1 or 2			
		Endocrine/Metabolic (Hormonal/Digestive)			
		Environmental Sensitivity			
		Epilepsy			
		Hansen's Disease			
		Hard of Hearing			
		Head Injury (TBI, etc.)			
		Hepatitis A, B, or C			
		HIV/AIDS			
		Hypertension			
		Learning Disability			
		Mental Illness			
		Multiple Sclerosis			
		Muscular Dystrophy			
		Neurological Condition (Nervous System)			

In Each Section Check **ALL** that apply  
 IN is for Intake Interview, EX is for Exit Interview.

**IN EX Living Situation (only check 1)**

<input type="checkbox"/>	<input type="checkbox"/>	Group Home
<input type="checkbox"/>	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Hotel
<input type="checkbox"/>	<input type="checkbox"/>	Own House/Apartment
<input type="checkbox"/>	<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Facility
<input type="checkbox"/>	<input type="checkbox"/>	Renting House/Apartment
<input type="checkbox"/>	<input type="checkbox"/>	Single Room Occupancy
<input type="checkbox"/>	<input type="checkbox"/>	Transitional Housing

**IN EX Source of Income**

<input type="checkbox"/>	<input type="checkbox"/>	Job Earnings
<input type="checkbox"/>	<input type="checkbox"/>	Family Support
<input type="checkbox"/>	<input type="checkbox"/>	SSI
<input type="checkbox"/>	<input type="checkbox"/>	SSDI
<input type="checkbox"/>	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Comp
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance
<input type="checkbox"/>	<input type="checkbox"/>	TANF
<input type="checkbox"/>	<input type="checkbox"/>	Pension
<input type="checkbox"/>	<input type="checkbox"/>	IRA/Stocks/Bonds
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

**IN EX Living Conditions Part 1**

<input type="checkbox"/>	<input type="checkbox"/>	Has Caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Needs Caregiver
<input type="checkbox"/>	<input type="checkbox"/>	No Caregiver Needed

**IN EX Health Insurance**

<input type="checkbox"/>	<input type="checkbox"/>	Allegiance
<input type="checkbox"/>	<input type="checkbox"/>	Aetna
<input type="checkbox"/>	<input type="checkbox"/>	Blue Shield
<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Kaiser
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid #: _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicare (A/B/C)
<input type="checkbox"/>	<input type="checkbox"/>	MedQuest
<input type="checkbox"/>	<input type="checkbox"/>	Tri-Care
<input type="checkbox"/>	<input type="checkbox"/>	United Health Care
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

**IN EX Living Conditions Part 2**

<input type="checkbox"/>	<input type="checkbox"/>	Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Not Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Accessibility Not Needed

**IN EX Living Conditions Part 3**

<input type="checkbox"/>	<input type="checkbox"/>	Subsidized
<input type="checkbox"/>	<input type="checkbox"/>	Unsubsidized
<input type="checkbox"/>	<input type="checkbox"/>	No Subsidy Needed

**IN EX Living Conditions Part 4**

<input type="checkbox"/>	<input type="checkbox"/>	Living Alone
<input type="checkbox"/>	<input type="checkbox"/>	Living w/Spouse/Family/Children
<input type="checkbox"/>	<input type="checkbox"/>	Living w/Roommate

**IN EX Annual Income (Check only 1)**

<input type="checkbox"/>	<input type="checkbox"/>	\$0 - \$4,600
<input type="checkbox"/>	<input type="checkbox"/>	\$4,601 - \$6,600
<input type="checkbox"/>	<input type="checkbox"/>	\$6,601 - \$10,000
<input type="checkbox"/>	<input type="checkbox"/>	\$10,001 - \$15,000
<input type="checkbox"/>	<input type="checkbox"/>	\$15,001 - \$20,000
<input type="checkbox"/>	<input type="checkbox"/>	\$20,001 - \$30,000
<input type="checkbox"/>	<input type="checkbox"/>	\$30,001 - \$40,000
<input type="checkbox"/>	<input type="checkbox"/>	Over \$40,001

**IN EX Employment (Check only 1)**

<input type="checkbox"/>	<input type="checkbox"/>	Full-Time
<input type="checkbox"/>	<input type="checkbox"/>	Not Employed/Not Seeking Work
<input type="checkbox"/>	<input type="checkbox"/>	Not Employed/Seeking Work
<input type="checkbox"/>	<input type="checkbox"/>	Part-Time
<input type="checkbox"/>	<input type="checkbox"/>	Retired
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employed: Full-time
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employed: Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Sheltered Employment
<input type="checkbox"/>	<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer (Not Paid)

**IN EX Education (Check only 1)**

<input type="checkbox"/>	<input type="checkbox"/>	No Education
<input type="checkbox"/>	<input type="checkbox"/>	Special Education
<input type="checkbox"/>	<input type="checkbox"/>	8th Grade or Less
<input type="checkbox"/>	<input type="checkbox"/>	Some High School
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	GED
<input type="checkbox"/>	<input type="checkbox"/>	Some College
<input type="checkbox"/>	<input type="checkbox"/>	College Degree
<input type="checkbox"/>	<input type="checkbox"/>	Some Graduate Work
<input type="checkbox"/>	<input type="checkbox"/>	Graduate Degree
<input type="checkbox"/>	<input type="checkbox"/>	Doctorate Degree