

Date of Referral _____



Referral for ArTRIAGE

Name _____ County _____

Address _____ City _____ Zip _____

Telephone # _____ Birth Date _____

SS# _____ Medicaid # _____

Legal Status

- Own Responsible Party Power of Attorney Guardian

Name of POA/Guardian _____ Telephone # _____

Address _____ City _____ Zip _____

Referral Source:

- Hospital _____ Family Member Other _____

Name _____ Address _____

City _____ Telephone _____

Eligibility:

Must certify the person:

- Is 65 years of age and older
- Resides in Pulaski or Saline County
- Is at high risk of nursing home admission (at intermediate level of care)
- Meets established financial criteria (maximum \$2,022 per month income & \$2,000 in resources)
- Has a medical need for one or more of the *ElderChoices* Services
- Fits in one of the high risk groups below

High Risk Groups: (Person has at least one "yes" response in at least three of the categories (A-E) below (check all that apply))

A. The person requires at least extensive assistance from or total dependence upon another person in at least one of the following Activities of Daily Living (ADLs)

Transferring/Locomotion

Yes No

Eating (the definition of eating does not include meal preparation)

Yes No

Toileting

Or

B. The person requires limited assistance from another person in at least 2 of the following ADLs:

Transferring

Yes No

Eating (the definition of eating does not include meal preparation)

Toileting

C. Health related

Has had at least one prior:

Yes No

hospital admission in the last 6 months

emergency room admission in the last 6 months

Or

Has been admitted to a nursing home in the past 6 months

D. Living Arrangement and /or Caregiver Support

Has experienced recent loss of primary caregiver

Yes No

Has no informal caregivers (but has temporary support available at discharge)

Family/informal supports are fragile or insufficient (but available at discharge)

E. Other

Other circumstances exist that contribute to putting this person at imminent risk of nursing home admission (Describe in detail below but do not duplicate items A – D above.

Yes No

Call 1-501-682-8465 or 1-866-801-3435

