

CONFIDENTIAL

AMHT

CODE: _____

ADA Card: _____

ParaPlan IDN: _____

VISITOR _____

PARTICIPANT REGISTRATION FORM

SITE:				DATE:				
NAME: (LAST, FIRST, MIDDLE INITIAL):								
PHYSICAL ADDRESS:								
MAILING ADDRESS:					EMAIL:			
CITY:				STATE:		ZIP:		
PHONE NUMBER:				CELL PHONE:				
BIRTH DATE:				MALE:		FEMALE:		
				GENDER IDENTITY:				

***** THIS INFORMATION IS IMPORTANT FOR FEDERAL FUNDING *****

ETHNICITY: (Check)		<input type="checkbox"/> Alaskan Native/ American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American			
<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White					
DO YOU LIVE ALONE?		YES	NO	ARE YOU A VETERAN?	YES	NO	NO
IS YOUR INCOME ABOVE (\$1,568 – 1 person) or (\$2,128) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?							
		YES		NO			

SPOUSE'S NAME:							
EMERGENCY CONTACT:					TELEPHONE:		
					SERVICES RECEIVED		
					MANAGER PLEASE CHECK ONE:		
Indicate if the participant uses:					<input checked="" type="checkbox"/>	Transportation	
Wheelchair:		Walker:		Cane:			
DO YOU USUALLY RIDE WITH AN ESCORT?		YES	NO				

Do you need assistance with any of the following activities? Please check the activity.

Activities of Daily Living (ADL's)			Instrumental Activities of Daily Living (IADL's)		
	Eating			Preparing meals	
	Dressing			Shopping for personal items	
	Bathing			Medication management	
	Bathroom			Managing money	
	Transferring in/out of bed/chair			Using telephone	
	Walking			Doing heavy housework	
	Total ADL's			Doing light housework	
Comments:				Using available transportation	
				Total IADL's	

Referred By:				Phone Number:
Reviewed By Management				
By Whom: _____		Title: _____		Date: _____