

## NY Connects I&A Data Fields\*\*

Red denotes Brief I&A calls

**\*\* As of August, 2014. Data fields may be modified or added to.**

<b>DEMOGRAPHIC INFORMATION</b>
<b>Name</b>
<b>Date of Birth</b>
<b>Age Range</b>
<b>&lt; 18 yrs of age</b>
<b>19&lt;59 yrs of age</b>
<b>60+ yrs of age</b>
<b>Unknown</b>
<b>Current Address</b>
<b>Legal address</b>
<b>Phone number</b>
<b>Gender</b>
<b>Female</b>
<b>Male</b>
<b>Unknown</b>
<b>Marital Status</b>
<b>Language Requirements</b>
<b>Emergency Contact</b>
<b>Race or ethnicity:</b>
<b>White</b>
<b>Black/African American</b>
<b>Asian</b>
<b>Native Hawaiian/Other Pacific Islander</b>
<b>American Indian/Native Alaskan</b>
<b>Hispanic or Latino</b>
<b>FINANCIAL INFORMATION</b>
<b>Does the consumer currently receive SS or SSI payments</b>
<b>Veterans Pensions or Health Care</b>
<b>Health Insurance</b>
<b>Medicare</b>
<b>Medicaid</b>
<b>Potentially Medicaid Eligible</b>
<b>Long Term Care Insurance</b>
<b>Aging Services Funding</b>
<b>Private Resources</b>
<b>Railroad pension</b>
<b>Unknown</b>

<b>Other Public Funding</b>
<b>Not asked/Not collected</b>
<b>What is the consumer's approximate monthly income?</b>
<b>What are the consumer's resources/assets?</b>
<b>MODE OF CONTACT</b>
<b>Phone call</b>
<b>Face to Face</b>
<b>E-mail</b>
<b>Other</b>
<b>TYPE OF CONTACT</b>
<b>Consumer</b>
<b>Caregiver/Family</b>
<b>Other</b>
<b>Professional/Provider</b>
<b>CURRENT LIVING ARRANGEMENT</b>
<b>Alone</b>
<b>With Spouse/parents</b>
<b>With Relatives</b>
<b>With Non-Relative (Friend/Neighbor)</b>
<b>In Congregate Setting</b>
<b>Information Requested/Information Provided</b>
<b>Children Specific</b>
<b>Child Care Referrals</b>
<b>Early Intervention - Children with Disabilities/Delays</b>
<b>Special Education Assessment</b>
<b>Kinship Care</b>
<b>Health &amp; Wellness</b>
<b>Health Care Referrals</b>
<b>Substance Abuse</b>
<b>Oral Health Issues</b>
<b>Wellness programs</b>
<b>Chronic Disease Self Management programs</b>
<b>Falls Prevention Programs</b>
<b>Nutrition</b>
<b>Congregate Meals/Nutrition Sites</b>
<b>Food Stamps (SNAP)</b>
<b>Nutrition Assessment Services</b>
<b>Nutrition Education</b>
<b>Food Pantries</b>
<b>WIC</b>
<b>Home Based Services</b>
<b>Companionship</b>
<b>Home Delivered Meals</b>
<b>Home Health Care</b>

<b>In Home Attendants for People with Disabilities</b>
<b>Personal care</b>
<b>Personal Emergency Response Systems</b>
<b>Private Duty Nursing</b>
<b>Telephone Reassurance</b>
<b>Residential/Housing Options and Supports</b>
<b>Adult Residential Care Homes</b>
<b>Assist Living Facilities</b>
<b>Congregate Living facilities</b>
<b>Low Income/Subsidized Rental Housing</b>
<b>Naturally Occurring Retirement Community Prog. (NORC)</b>
<b>Utility Payment Assistance</b>
<b>Weatherization Programs</b>
<b>Residential Housing Options</b>
<b>Housing Issues</b>
<b>Homelessness</b>
<b>Home Modifications and Repairs</b>
<b>Home Barrier Evaluation/Removal</b>
<b>Home Rehabilitation/Repair Services</b>
<b>Home Maintenance and Minor Repair Services</b>
<b>Yard Work</b>
<b>Facility Based Services</b>
<b>Adult Day Health Programs</b>
<b>Adult Day Programs (Social)</b>
<b>Nursing Facilities</b>
<b>Mental Health, Cognitive Status Support Groups/Counsel</b>
<b>Mental Health Issues</b>
<b>Dementia</b>
<b>Aging/Older Adult Support Groups</b>
<b>Caregiver/Care Receiver Support Groups</b>
<b>Disability Related Support Groups</b>
<b>Caregiver Counseling</b>
<b>Specialized Counseling Services</b>
<b>Prescription/Medications</b>
<b>Government Subsidized Prescription Drug Benefits</b>
<b>Prescription Drug Patient Assistance Programs</b>
<b>Prescription Medication Services</b>
<b>Prescription Expense Assistance</b>
<b>Insurance/Benefit Information &amp; Counseling</b>
<b>Health Insurance Information and Counseling</b>
<b>Long Term care Insurance Information/Counseling</b>
<b>Managed Health Care Information</b>
<b>Medicare Information/Counseling</b>
<b>Medicaid (General Information)</b>
<b>Veteran Benefits Assistance</b>

<b>Welfare Rights Assistance</b>
<b>Social Security Retirement benefits</b>
<b>Personal Finance and Tax</b>
<b>Personal Finances/budget Counseling</b>
<b>Tax Preparation Assistance</b>
<b>Tax Information</b>
<b>Property Tax Exemption Information</b>
<b>Potential Abuse Category (Per NYS Social Service Law)</b>
<b>Physical Abuse</b>
<b>Sexual Abuse</b>
<b>Financial Exploitation</b>
<b>Active and Passive Neglect</b>
<b>Self Neglect</b>
<b>Domestic Violence</b>
<b>Other Abuse</b>
<b>Abuse/Neglect/Exploitation</b>
<b>Referred to adult Protective Services</b>
<b>Referred to Police Agency</b>
<b>Referred to Domestic Violence Service Provider</b>
<b>Referred to Other</b>
<b>Referred to Child protective Services</b>
<b>Not Referred</b>
<b>Protective/Preventative</b>
<b>Adult Protective</b>
<b>Elder Abuse Reporting</b>
<b>Children's Protective Services</b>
<b>Consumer Fraud Reporting</b>
<b>Legal Services</b>
<b>Legal Services (general legal services related questions)</b>
<b>Adult Guardianship Assistance</b>
<b>Advance Medical Directives</b>
<b>Child Guardianship Assistance</b>
<b>Transportation</b>
<b>Automobile/Van Adaptations</b>
<b>Disability Related Transportation</b>
<b>Escort Programs</b>
<b>Medical Transportation</b>
<b>Senior Ride Programs</b>
<b>Consumer and Caregiver Supports</b>
<b>Advocacy</b>
<b>Assistive Technology Equipment</b>
<b>Caregiver Training</b>
<b>Case/Care Management</b>
<b>Centers for Independent Living</b>
<b>Condition Specific Rehabilitation Services</b>

<b>Friendly Visiting</b>
<b>Outreach programs</b>
<b>Respite Care</b>
<b>Senior Centers</b>
<b>Vocational Rehabilitation</b>
<b>Other</b>
<b>Hospice</b>
<b>Household Safety Education</b>
<b>Interpreter Registries</b>
<b>Activities of Daily Living Assessment</b>
<b>Employment</b>
<b>Volunteerism</b>
<b>ASSISTANCE PROVIDED</b>
<b>Connected Consumer with agencies, providers or programs</b>
<b>Contact w/ friends, family or to better assist consumer</b>
<b>Off-site visits conducted</b>
<b>Options Counseling to consumer/caregiver</b>
<b>Personalized packets distributed/mailed</b>
<b>Screening for Medicaid and other public LTC programs</b>
<b>Short term Case Management/ care coordination</b>
<b>Telephone follow up delivered</b>
<b>Translation services provided</b>
<b>Submitted LIS application</b>
<b>Submitted MSP application</b>
<b>Assisted with Medicaid Application</b>
<b>Assisted with SNAP (Food Stamp) application</b>
<b>Assisted with HEAP application</b>
<b>Asst. with application for publicly funded services/programs</b>
<b>Assisted with Discharge from a hospital</b>
<b>Asst. with discharge from a nursing home or sub-acute facility</b>
<b>Referral to Aging Services Network</b>
<b>Referral to CDSME</b>
<b>Referral to Disability Organization/Services</b>
<b>Referral to Early Intervention Services</b>
<b>Referral to Independent Living Center</b>
<b>Referral to OPWDD</b>
<b>REFERRAL SOURCE</b>

<b>Friend, Neighbor</b>
<b>Relative</b>
<b>Radio</b>
<b>Brochure</b>
<b>Local newspaper</b>
<b>Local agency or human service provider</b>
<b>Website/webpage</b>
<b>Television</b>
<b>Other</b>
<b>FINANCIAL INFORMATION</b>
<b>What is the consumer's approximate monthly income (social security, pension, working income, etc.?)</b>
<b>What are the consumer's resources/assets (stocks, bonds, trust funds, CDs, bank accounts, etc.)</b>
<b>HEALTH AND FUNCTIONAL STATUS</b>
<b>Do You have a chronic Medical Condition(s)?</b>
<b>Does the consumer appear, demonstrate, and/or report any of the following? List dementia/depression/worried ,etc.</b>
<b>Consumer needs and abilities:</b>
<b>Eating</b>
<b>Toileting</b>
<b>Mobility</b>
<b>Dressing</b>
<b>Personal hygiene</b>
<b>Bathing</b>
<b>Transportation</b>
<b>Shopping</b>
<b>Use of telephone</b>
<b>Self-administration of medications</b>
<b>Handle personal business or finances</b>
<b>Laundry, Housework or cleaning</b>
<b>Prepare and cook meals</b>
<b>Transfer</b>
<b>Formal and Informal Support Status</b>
<b>Does the consumer have family, friends, and/or neighbors who are currently helping with care?</b>
<b>Name and Phone of Primary Informal Support</b>
<b>What formal services does the consumer currently receive?</b>
<b>Functional Capacity and Health Status</b>
<b>Does the consumer appear, demonstrate, and/or report any of the following?</b>
<b>Dementia, Memory Impairment</b>
<b>Impaired decision making</b>

<b>Hallucinations</b>
<b>History of Mental Health Treatment</b>
<b>MOOD AND BEHAVIOR</b>
<b>Anxious</b>
<b>Worried</b>
<b>Depressed</b>
<b>Alert</b>
<b>Cooperative</b>
<b>Lonely</b>
<b>Other</b>
<b>Disruptive, verbal disruption</b>
<b>Physical aggression</b>
<b>Sleeping Problems</b>
<b>DOES THE CONSUMER HAVE A CHRONIC ILLNESS AND/OR DISABILITY?</b>
<b>Alcoholism</b>
<b>Alzheimer's</b>
<b>Anorexia</b>
<b>Arthritis</b>
<b>Cancer</b>
<b>Colitis</b>
<b>Colostomy</b>
<b>Congestive Heart Failure</b>
<b>Dehydration</b>
<b>Diabetes</b>
<b>Digestive Problems</b>
<b>Diverticulitis</b>
<b>Fractures (recent)</b>
<b>Gall Bladder Disease</b>
<b>Hearing Impairment</b>
<b>Heart Disease</b>
<b>High Blood Pressure</b>
<b>Liver Disease</b>
<b>Low Blood Pressure</b>
<b>Muscular Dystrophy</b>
<b>Osteoporosis</b>
<b>Parkinson's</b>
<b>Renal Disease</b>
<b>Respiratory Problems</b>
<b>Seizure disorders</b>
<b>Speech Problems</b>
<b>Stroke</b>
<b>Swallowing Difficulties</b>
<b>Technology dependent</b>
<b>Ulcer</b>

<b>Urinary Tract Infection</b>
<b>Visual impairment</b>
<b>REFERRAL</b>
<b>Problems/Issues to be Referred</b>
<b>Referred to:</b>