

NY Connects Organization:
Intake Worker's Name:
Date:

Part One

Contact and Demographic Information

A. Mode of Contact:

- Face to Face
- Phone Call
- E-mail
- Other

B. Type of Contact:

- Consumer
- Professional/provider
- Caregiver/family
- Veteran/Service Member
- Other
- Unknown

C. Source Type:

- Self
- Friend, Neighbor, or Relative
- Radio
- Brochure
- Local Newspaper
- Local Agency or Human Services Provider
- Website/Webpage
- Television
- Congregate Setting Provider
- School
- Physician
- Veterans Administration
- Hospital
- Institution
- Re-Entry Coordinator
- Other

D. Consumer Demographics:

- Name:
- Legal Address:
- Current Address (if different):
- Phone Number:
- Date of Birth:
- Gender: Female Male Unknown
- Marital Status:
- Language Requirements:

- Emergency Contact:

E. What is the consumer's race or ethnicity (optional)?

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Native Alaskan
- Hispanic or Latino

F. What are the consumer's current living arrangements?

- Alone
- With spouse/parents
- With relatives
- With non-relatives (friends/neighbors)
- In a congregate setting

G. Information Initially Requested: *(see Part C of aggregate reporting tool for specific services that pertain to each of the following categories)*

- 1.) Children Specific
- 2.) Consumer and Caregiver Supports
- 3.) Facility Based Services
- 4.) Health and Wellness
- 5.) Home Based Services
- 6.) Home Modifications and Repairs
- 7.) Insurance/Benefit Information and Counseling
- 8.) Legal Services
- 9.) Mental Health, Cognitive Status, Support Groups/Counseling
- 10.) Nutrition
- 11.) Personal Finance and Tax Assistance
- 12.) Potential Abuse
- 13.) Prescription/Medications
- 14.) Protective/Prevention
- 15.) Residential/Housing Options and Supports
- 16.) Transportation
- 17.) Other

Comment (if necessary):

H. Assistance Provided:

- 1.) Connected/Linked Consumer with Agencies, Providers or Programs
- 2.) Contact With Friends, Family or Others to Better Assist the Consumer
- 3.) Off-Site Visit Conducted
- 4.) Options Counseling to Consumer/Caregiver
- 5.) Personalized Packets Distributed/Mailed
- 6.) Screening for Medicaid and other public LTC Programs
- 7.) Short Term Case Management/Care Coordination
- 8.) Telephone Follow-up Delivered
- 9.) Translation Services Provided
- 10.) Application Assistance
 - 10.1) Submitted LIS Application
 - 10.2) Submitted MSP Application
 - 10.3) Assisted with Medicaid Application
 - 10.4) Assisted with SNAP (Food Stamp) Application
 - 10.5) Assisted with HEAP Application
 - 10.6) Assisted with Application for Publically Funded Services/Programs
- 11.) Assisted with Discharge from a Hospital
- 12.) Assisted with Discharge from a Nursing Home or Subacute Facility
- 13.) Referral to Aging Services Network
- 14.) Referral to CDSME
- 15.) Referral to Disability Organization/Services
- 16.) Referral to Early Intervention Services
- 17.) Referral to Independent Living Center
- 18.) Referral to OPWDD
- 19.) Referral to OMH
- 20.) Assisted Re-entry coordinator with individuals with LTSS needs

Comment (if necessary):

Part Two

Consumer Needs and Abilities

- A. Which of the Following Does the Person Need Assistance With? (check all that apply)

ADLs:

Personal Hygiene/ Dressing/ Mobility/ Transfer/ Toileting/ Eating/ Bathing

IADLs:

Housework or Cleaning/ Shopping/ Laundry/ Transportation/ Prepare and Cook Meals/ Self Administration of Medications/ Handle Personal Business or Finances/ Use of Telephone

Formal and Informal Support Status

- A. Does the consumer have family, friends, and/or neighbors who are currently helping with care?

Primary Informal Support:

- Name:

- Phone:

- B. What formal services does the consumer currently receive?

Functional Capacity and Health Status

- A. Does the consumer have a chronic illness and/or disability?

Such as:

Alcoholism/ Alzheimer's/ Anorexia/ Arthritis/ Cancer/ Colitis/ Colostomy/
Congestive Heart Failure/ Dehydration/ Diabetes/ Digestive Problems/
Diverticulitis/ Fractures (recent)/ Gall Bladder Disease/ Hearing Impairment/
Heart Disease/ High Blood Pressure/ Liver Disease/ Low Blood Pressure/
Muscular Dystrophy/ Osteoporosis/ Parkinson's/ Renal Disease/ Respiratory
Problems/ Seizure Disorders/ Speech Problems/ Stroke/ Swallowing Difficulties/
Technology Dependent/ Ulcer/ Urinary Tract Infection/ Visual Impairment/ Other
(specify)

- B. Does the consumer appear, demonstrate, and/or report any of the following?

Alert/ Cooperative/ Dementia/ Depressed/ Disruptive/ Hallucinations/ Impaired
Decision Making/ Lonely/ Memory Impairment/ History of Mental Health
Treatment/ Physical Aggression/ Sleeping Problems/ Verbal Disruption/ Worried
or Anxious/ Other (specify)

Financial Status

- A. What is the consumer's approximate monthly income (e.g.: Social Security, pension, working income, etc)?
- B. What are the consumer's resources/assets (e.g.: stocks, bonds, trust funds, CDs, bank accounts, etc)?
- C. Does the consumer currently receive?
- Veterans Pensions or Health Care
 - Social Security or SSI Payments
 - Medicaid
 - Medicare
 - Long Term Care Insurance
 - Railroad Pension
 - Unknown
 - Other

Action Taken

A. Information Provided:

1) Children Specific

Child Care Provider Referrals/ Early Intervention for Children with Disabilities or Delays/ Special Education Assessment/ Kinship Care

2) Consumer and Caregiver Supports

Advocacy/ Assistive Technology Equipment/ Caregiver Training/ Case or Care Management/ Centers for Independent Living/ Condition Specific Rehabilitation Services/ Friendly Visiting/ Outreach Programs/ Respite Care/ Senior Centers/ Vocational Rehabilitation

3) Facility Based Services

Adult Day Health Programs/ Adult Day Programs (Social)/ Nursing Facilities

4) Health and Wellness

Health Care Referrals/ Substance Abuse/ Oral Health Issues/ Wellness Programs/ Chronic Disease Self-Management Programs/ Falls Prevention Programs

5) Home Based Services

Companionship/ Home Delivered Meals/ Home Health Care/ In-Home Attendants for People with Disabilities/ Personal Care/ Personal Emergency Response Systems/ Private Duty Nursing/ Telephone Reassurance

6) Home Modification and Repairs

Home Barrier Evaluation/Removal/ Home Rehabilitation/Repair Services/ Home Maintenance Services/ Yard Work

7) Insurance/Benefit Information and Counseling

Health Insurance Information and Counseling/ Long Term Care Insurance Information or Counseling/ Managed Health Care Information/ Medicare Information or Counseling/ Medicaid (general info)/ Veteran Benefits Assistance/ Welfare Rights Assistance/ Social Security Retirement Benefits

8) Legal Services

Legal Services (General Legal Services Related Questions/ Adult Guardianship Assistance/ Advance Medical Directives/ Child Guardianship Assistance

9) Mental Health, Cognitive Status, Support Groups/Counseling

Mental Health Issues/ Aging or Older Adult Support Groups/ Caregiver or Care Receiver Workgroups/ Caregiver Counseling/ Disability Related Support Groups/ Specialized Counseling Services/ Dementia

10) Nutrition

Congregate Meals or Nutrition Sites/ Food Stamps (SNAP)/ Nutrition Assessment Services/ Nutrition Education/ Food Pantries/ Wellness Programs/ WIC

11) Personal Finance and Tax Assistance

Personal Finances or Budget Counseling/ Tax Preparation Assistance/ Tax Information/ Property Tax Exemption Information

12) Potential Abuse (As Per NYS Social Service Law)

Physical Abuse/ Sexual Abuse/ Financial Exploitation/ Active and Passive Neglect/ Self Neglect/ Domestic Violence/ Other (e.g. Abandonment)

12.1) Abuse, Neglect, Exploitation

Referred to Adult Protective Services/ Referred to Police Agency/ Referred to Domestic Violence Service Provider/ Referred to Child Protective Services/ Referred to Other/ Not Referred

13) Prescriptions/Medications

Government Subsidized Prescription Drug Benefits/ Prescription Drug Patient Assistance Programs/ Prescription Medication Services/ Prescription Expense Assistance

14) Protective/Preventative

Adult Protective/ Children's Protective Services/ Elder Abuse Reporting/ Consumer Fraud Reporting

15) Residential/Housing Supports and Options

Adult Residential Care Homes/ Assisted Living Facilities/ Congregate Living Facilities/ Low Income – Subsidized Rental Housing/ Naturally Occurring Retirement Community Programs (NORCs)/ Utility Payment Assistance/ Weatherization Programs/ Residential Housing Options/ Housing Issues/ Homelessness

16) Transportation

Automobile – Van Adaptations/ Disability Related Transportation/ Escort Programs/ Medical Transportation/ Senior Ride Programs

17) Other

Hospice/ Household Safety Education/ Interpreter Registries/ Activities of Daily Living Assessments/ Employment/ Volunteerism/ Other

B. Assistance Provided:

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Comment (if necessary):

C. Problems/Issues to be Referred:

D. Referred To: