

## Referral for Dementia Care Consultation Family Caregiver Support and EI Portal Program

**Eligibility:** Caregiver is unpaid and lives in **King or Snohomish County**; Caregiver and Care Receiver are 18 years or older; Care Receiver is not receiving Medicaid for Long-term Services; Care Receiver is living in an independent setting (not residing in a SNF, ALF, or AFH).

If ALL above criteria are met, mark "X" in Yes box:  Yes, meets criteria  Unsure

Referral Source - Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
 Agency/Organization: \_\_\_\_\_ Referral Source - Tel: \_\_\_\_\_  
 GetCare ID (if applicable): \_\_\_\_\_ Referral Source - email: \_\_\_\_\_

### Caregiver Info:

Name: \_\_\_\_\_ Caregiver Primary Language: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ # of people in household?: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Caregiver email: \_\_\_\_\_  
 County: \_\_\_\_\_

Caregiver aware of referral?  Yes  No

May we leave a Voicemail or Email identifying the Alzheimer's Association?  Yes  No

Additional Contact Considerations: \_\_\_\_\_

### Care Receiver Info:

Name: \_\_\_\_\_ Same address as caregiver?  Yes  No  
 Date of Birth: \_\_\_\_\_ If no, Care Receiver's address: \_\_\_\_\_  
 Relationship to Caregiver: \_\_\_\_\_

### Demographics (CG = Caregiver, CR = Care Receiver):

<b>CG Marital Status:</b>	<b>CG Employment Status:</b>	<b>Military veteran?</b> Caregiver   Care Receiver	<b>CG has a Disability?:</b>
<input type="checkbox"/> Single	<input type="checkbox"/> Retired	<input type="checkbox"/> Yes   <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Married	<input type="checkbox"/> Working - FT	<input type="checkbox"/> No   <input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Domestic partner	<input type="checkbox"/> Working - PT	<input type="checkbox"/> Unk.   <input type="checkbox"/> Unk.	<input type="checkbox"/> Unknown
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Unemployed	<b>CG Gender:</b>	<b>CG Sexual Orientation:</b>
<input type="checkbox"/> Widowed			
<input type="checkbox"/> Other		<b>CR Gender:</b>	
<b>Race/Ethnicity?</b>		<b>Education level?</b> (Some HS, HS, BA, Some college, Post-grad, etc.)	
Caregiver   Care Receiver		Caregiver   Care Receiver	

Any immediate safety concerns? (e.g. wandering, use of oven/stove, guns/weapons, etc.)

### Summary:

Referrals are processed within 5-7 business days

FAX referral to **206-363-5700** or EMAIL to **HelplineWA@alz.org**