



## Information &amp; Assistance - Prescreening Checklist 2023-2024

Referral Agency \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Number

Street

City

ZIP

3rd Party Contact \_\_\_\_\_ Agency \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Check all that apply:** (In most cases, to qualify all six criteria should have checks.)1 \_\_\_\_\_ **Resident of Region 1-A** (Detroit, Hamtramck, Harper Woods, Highland Park, the five Grosse Pointes)\_\_\_\_\_ **Seniors age 60 and over**\_\_\_\_\_ **Disabled Persons age 18 +**2 \_\_\_\_\_ **Requires assistance with ADLs and IADLs** (Two or more of the following should have checks.)\_\_\_\_\_ **Transferring:** Difficulty getting in/out of bed, chair, etc.\_\_\_\_\_ **Locomotion:** Requires mechanical or human help to walk\_\_\_\_\_ **Mobility in Bed:** Difficulty with turning in bed\_\_\_\_\_ **Dressing:** Difficulty with dressing\_\_\_\_\_ **Eating:** Difficulty with feeding self or meal preparation\_\_\_\_\_ **Toileting:** Bladder or bowel incontinence\_\_\_\_\_ **Personal Hygiene:** Difficulty with bathing - getting in/out of tub\_\_\_\_\_ **Confusion/memory loss**\_\_\_\_\_ **Client is homebound**3 \_\_\_\_\_ **Inadequate support systems**

\_\_\_\_\_ No support family/friends \_\_\_\_\_ Limited support family/friends

4 \_\_\_\_\_ **Gross income below \$2,829 /monthly (Subject to Change)**5 \_\_\_\_\_ **Less than \$2,000 (single) or \$3000 (couple)** in liquid assets (e.g., checking, savings)*If client is on Medicaid, assest should be below \$2,000*6 \_\_\_\_\_ **Medicaid Eligible** **Medicaid ID#** \_\_\_\_\_

\_\_\_\_\_ Client receives Medicaid or is Medicaid eligible

\_\_\_\_\_ Client on Medicaid WITHOUT a Chore (Adult Home Help) provider

\_\_\_\_\_ This client is a candidate for the DAAA Medicaid Waiver

7 \_\_\_\_\_ **Nutrition:** - Home delivered meal services \_\_\_\_\_ Solid \_\_\_\_\_ Liquid

\_\_\_\_\_ Congregate meal sites

8 \_\_\_\_\_ **Transportation:** Non- Emergency Medical Transportation9 \_\_\_\_\_ **Healthy Aging Services**

I affirm that the above information is accurate to the best of my knowledge:

Agency Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** Referral agencies may call **313-446-4444 ext. 5607** or fax their referrals to the attention of:**I&A Department, Fax: (313) 446-4459, Online @ [www.DetroitSeniorSolution.org](http://www.DetroitSeniorSolution.org)**