|  |  |
| --- | --- |
| \*Date of Contact | Name of ADRC or tribal ADRS Staff that took the Call |
|       |       |
| Entered into Database | Appointment / Home Visit Scheduled |
| [ ]  Yes [ ]  No Date:        | [ ]  Yes [ ]  No Date:        |
|  |  |
| Information Sent | Follow-Up |
| [ ]  Yes [ ]  No Date:        | [ ]  Yes [ ]  No Date:        |
|  |  |
| **\*Indicates Required fields** |
| **Caller Details** |
| \*Caller Name (First and Last) | Phone Number  |
|       |       |
| Street Address  | City | State | Zip Code |
|       |       |    |       |
| \*Call Type (add check boxes of options) |
| [ ]  NH [ ]  Residential Setting [ ]  Home [ ]  Office Appointment [ ]  Email/written correspondence [ ]  Hospital[ ]  Walk-in [ ]  Other:       [ ]  Incoming Phone Call [ ]  Outgoing Phone Call [ ]  Video Conference |
| \*Caller Type |
| [ ]  Self [ ]  Legal Decision Maker [ ]  Caregiver [ ]  Relative/Friend/Neighbor [ ]  Agency Service Provider[ ]  ADRC/Tribe Contacted Consumer [ ]  ADRC/Tribe Initiated Collateral Contact [ ]  Other:       |
| Referred By  |
|       |
| **Consumer Details** |
| \*Consumer Name (First and Last) | Date of Birth | \*Age Group |
|       |       | [ ]  17-21 [ ]  22-59 [ ]  60-99 [ ]  100 and > |
| Street Address  | City | State | Zip Code |
|       |       |    |       |
| Phone Number (Home) | Phone Number (Mobile) | \*Gender | \*Disability Type |
|       |       | [ ]  M [ ]  F[ ]  TM [ ]  TF[ ]  O [ ]  ND | [ ]  Alz/Dem [ ]  Caregiver [ ]  D/ID [ ]  Elderly (60+)[ ]  PD [ ]  MH [ ]  Substance Abuse [ ]  Unknown |
| Email Address      | \*In Poverty[ ]  Yes [ ]  No [ ]  Don’t Know | \*Lives Alone[ ]  Yes [ ]  No [ ]  Don’t Know |
| \*Ethnic Race |
| [ ]  American Indian/Native Alaskan [ ]  Asian [ ]  Black/African American [ ]  Missing-Declined to Answer[ ]  Missing-Data Not Requested [ ]  Native Hawaiian/Other Pacific Islander [ ]  Non-Minority (White, Non-Hispanic) [ ]  Other[ ]  White-Hispanic |
| \*ADRC Outcome(s) (See Appendix A) |
|       |
| \*Call Topic(s) (See Appendix B) |
|       |
| \*Summary of Call (Options Discussed, Factors Considered, Results, Next Steps)  |
|       |
|       |
|       |
|       |
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|       |
| Resources Provided |
|       |
|       |

**Appendix A — Outcome(s)**

\*View the [Client Tracking](https://share.health.wisconsin.gov/ltc/teams/ADRC/SitePages/Manual/ClientTracking.aspx) section of the ADRC Operations Manual for definitions for the outcomes listed below.

#### Administrative (Exclusive outcome)

#### Attempted Contact (Exclusive outcome)

#### Behavioral Mental Health Screens

#### Community Partners (Exclusive outcome)

#### Complaints/Advocacy

#### Customer Initiated Follow-up (Exclusive outcome)

#### Dementia Care Consultation

#### Joint Call/Visit with another Agency Staff

#### Long Term Care Functional Screen

#### Memory Screen

#### Outreach/Marketing (Exclusive outcome)

#### Provided Assistance with Medicaid Application Process

#### Provided Brief or Short-Term Service Coordination

#### Provided Disenrollment Counseling

#### Provided Enrollment Counseling

#### Provided Follow-up

#### Provided Information and Assistance

#### Provided Options Counseling

#### Referral to/from ADRC or Tribe

**Appendix B — Call Topics**

\*View the [Client Tracking](https://share.health.wisconsin.gov/ltc/teams/ADRC/SitePages/Manual/ClientTracking.aspx) section of the ADRC Operations Manual for definitions for each call topic listed below.

* Abuse and Neglect
* Action Plan
* Adaptive Equipment
* Addictions
* ADRC or Tribal Complaints
* Alzheimer’s and Other Dementia
* Ancillary Services
* Animals **–** Pet services or service animals.
* Assisted Living (Adult Family Home (AFH),

Community-Based Residential Facility (CBRF),

Residential Care Apartment Complex (RCAC))

* Attempted Follow-up (must be used with outcome of Attempted Contact)
* Budget Assistance
* Caregiving - Adult CG of Elder or Person with Dementia
* Caregiving - Elder CG of Child or Disabled Adult
* Caregiving - Non-Elder CG of Dsbld Non-Elder

Adult

* Community I&R
* Complaints (other)
* COVID-19
* Day Programming
* Education
* Emergency Preparedness
* Employment
* End of Life
* Food
* Health
* Health Promotion
* Homeless/Risk of Homelessness
* Home Services
* Housing
* Identified as Lonely
* Income Maintenance
* Informed Customer of Confidentiality
* Insurance
* Legal Services
* LTCFS Notice of Delay Letter Sent
* MDS (Minimum Data Set) Section Q Referrals
* Medical Home Care
* Mental Health
* Non MDS Section Q
* Nursing Home
* Other
* Public Benefits LTC Programs
* Public Benefits (other)
* Recreation/Socialization
* Referral for Evaluation (must also select one non-referral Topic to indicate the purpose of the referral)
* Referral for Financial-Related Needs (must also select one non-referral Topic to indicate the purpose of the referral)
* Referral for Private Pay Options (must also select one non-referral Topic to indicate the purpose of the referral)
* Request for Resource Materials by Consumer or Designee
* Request for Resource Materials by Organization
* Safety
* Socially Isolated
* Taxes
* Transportation
* Tribal Programs
* Unmet Need – Accessible Housing
* Unmet Need – Assisted Living (AFH, CBRF,

RCAC)

* Unmet Needs:
	+ Unmet Need – Private-pay case management
	+ Unmet Need – Dental
	+ Unmet Need – Employment
	+ Unmet Need – Home Care
	+ Unmet Need – Home Care (non-medical)
	+ Unmet Need – Housing
	+ Unmet Need – Medication Management
	+ Unmet Need – Mental Health Services including Case Management
	+ Unmet Need – Other
	+ Unmet Need – Prescription Drug Assistance
	+ Unmet Need – Rent/Mortgage Assistance
	+ Unmet Need – Transportation
	+ Unmet Need – Utility Assistance
* Veterans
* Volunteer Opportunities
* Voting
* Wellness check
* Youth in Transition