Screening Application

Today's Date: / /	Preferred Phone: ( )
First Name:	Last Name:	MI:
Date of Birth: / /	Email:
Address:	City: State: Zip:

Do you live alone? ☐ Yes ☐ No

If no, what is the total number of people living in household (including yourself):

Is your total annual household income less than the chart below? ☐ Yes ☐ No

# in Household:	1	2	3	4	5	6
Annual Income:	$50,000	$57,120	$64,240	$71,360	$77,120	$82,800

Is your only source of income for your household Social Security? ☐ Yes ☐ No

Is your only source of income for your household SSI/Disability? ☐ Yes ☐ No

Do you qualify for Medicaid? ☐ Yes ☐ No

Please check the following that applies to you:

☐ I own my home ☐ I'm buying my home on Contract ☐ I rent my home

History of Alzheimer's Disease OR Dementia? ☐ Yes ☐ No

Difficulty completing ADLs including any of the following: ☐ Yes ☐ No

Bathe or Shower
Dressing
Get out of a Bed or Chair
Use the Toilet
Eat
Walk

Shop
Manage Medications
Prepare Meals
Use Transportation
Manage Money
Do Heavy Housework
Do Light Housework
Use the Telephone

Please complete this document and return to
Happy at Home Consulting
capable@happyathomeconsulting.com Fax (515) 631-5210
Questions? Call or Visit Our Website
(515) 635-4050 www.happyathomeconsulting.com

Admin Use Only
Program Start Date: ____________
Participant Name: ______________
Participant ID: IADALL_ _ _ _ _ _ _ _