SCREENING IDENTIFICATION SHEET

Mathematica Policy Research, Inc.

March 15, 1982

This instrument was developed for the National Long-Term Care Channeling Demonstration. This project was conducted by Mathematica Policy Research, Inc. and Temple University under contract #HHS-100-80-0157 for the Department of Health and Human Services' Office of Social Services Policy (now DALTCP). For additional information about this project, visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The Project Officer was Robert Clark.

NATIONAL LONG TERM CARE DEMONSTRATION

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MPRI #740, MARCH 15, 1982

SCREENING IDENTIFICATION SHEET APPLICANT ID: _	
* ID1. APPLICANT NAME	
_ _	!!!!!!!!!
ID2. PERMANENT STREET ADDRESS	
INSTITUTION/c/o:	_illllllll
	_
* ID3. PERMANENT TELEPHONE:	-
NO TELEPHONE4	ION1
ID4. CURRENT STREET ADDRESS, IF DIFFERENT FROM ABOVE	
INSTITUTION/c/o:	
STREET:	APT/FLOOR:
CITY:STATE:	ZIP:
ID5. CURRENT TELEPHONE:	ll
* ID6. MEDICARE NUMBER: - _	- - (ID7)
* ID6a. RAILROAD RETIREMENT MEDICARE:	(ID7)
NOT COVERED BY MEDICARE4 NO INFORMATION .	1
* ID6b. SOCIAL SECURITY NUMBER:	(ID7)
APPLICANT HAS NO SOCIAL SECURITY NUMBER4 NO	INFORMATION1
* ID6c. RAILROAD RETIREMENT NUMBER: (IF NO RR MEDICARE NUMBER IN 106a)	1
NOT RAILROAD RETIREMENT4 NO INFORMATION	1
* ID7. MEDICAID NUMBER:	
NOT MEDICAID4 NO INFORMATIO	
ID8. IDENTITY OF REFERRAL SOURCE	
NAME:	
RELATIONSHIP/AGENCY:	
STREET ADDRESS:	APT/FLOOR:
CITY:STATE:	ZIP:
TELEPHONE: AREA CODE	I
GO TO A10 ON PAGE 2 OF SCREEN	

SAME AS REFERRAL SOUP	RCE
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____ | SAME AS SIGNIFICANT OTHER

	NAME:		·
	RELATIONSHIP:		
			APT/FLOOR:
	CITY:	STATE:	ZIP:
	TELEPHONE:	lll-l	_
			SAME AS LEGAL GUARDIAN
ID10.	IDENTITY OF SIGNIFICANT OTHER		SAME AS REFERRAL SOURCE
	NAME:	· · · · · · · · · · · · · · · · · · ·	
	RELATIONSHIP:		
			APT/FLOOR:
	CITY:	STATE :	ZIP:
	TELEPHONE: AREA CODE	lllll_	_
ID11.	FULL NAMES OF OTHERS AGE 65 OF	OLDER IN HOUSEHOLD (FRO	DM C2 OF SCREEN).
	FIRST	MIDDLE INITIAL	LAST
		//	
		//	
		//	·
* ID12. * ID13.	2-ID15 AFTER ASCERTAINING INTER NUMBER OF CONTACTS TO REACH FI DATE OF FINAL STATUS:	NAL STATUS: MOT EEN, IS APPLICANT I Y N	I NTHDAYYEAR NTERESTED IN PARTICIPATING? ES 01 O 02 (END) NCOMPLETE4 (END)
ID15.	SCREENER CERTIFICATION	OF APPLICANT INTERE	ST

I certify that I have contacted the applicant (or a significant other), explained the program to him/her, and that the applicant is interested in participating.

SCREENER SIGNATURE