



CALL SUMMARY SHEET



*Date of Contact	Name of ADRC or tribal ADRS Staff that took the Call		
Entered into Database <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		Appointment / Home Visit Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Information Sent <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		Follow-Up <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> NH <input type="checkbox"/> Residential Setting <input type="checkbox"/> Home <input type="checkbox"/> Office Appointment <input type="checkbox"/> Email/written correspondence <input type="checkbox"/> Hospital <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____ <input type="checkbox"/> Incoming Phone Call <input type="checkbox"/> Outgoing Phone Call <input type="checkbox"/> Video Conference			
*Caller Type <input type="checkbox"/> Self <input type="checkbox"/> Legal Decision Maker <input type="checkbox"/> Caregiver <input type="checkbox"/> Relative/Friend/Neighbor <input type="checkbox"/> Agency Service Provider <input type="checkbox"/> ADRC/Tribe Contacted Consumer <input type="checkbox"/> ADRC/Tribe Initiated Collateral Contact <input type="checkbox"/> Other: _____			
Referred By			

Consumer Details

*Consumer Name (First and Last)		Date of Birth	*Age Group <input type="checkbox"/> 17-21 <input type="checkbox"/> 22-59 <input type="checkbox"/> 60-99 <input type="checkbox"/> 100 and >	
Street Address	City	State	ZIP Code	
Phone Number (Home)	Phone Number (Mobile)	*Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TM <input type="checkbox"/> TF <input type="checkbox"/> O <input type="checkbox"/> ND	*Disability Type <input type="checkbox"/> Alz/Dem <input type="checkbox"/> Caregiver <input type="checkbox"/> D/ID <input type="checkbox"/> Elderly (60+) <input type="checkbox"/> PD <input type="checkbox"/> MH <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Unknown	
Email Address	*In Poverty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		*Lives Alone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
*Ethnic Race <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Missing-Declined to Answer <input type="checkbox"/> Missing-Data Not Requested <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Non-Minority (White, Non-Hispanic) <input type="checkbox"/> Other <input type="checkbox"/> White-Hispanic				
*ADRC Outcome(s) (See Appendix A)				
*Call Topic(s) (See Appendix B)				
*Summary of Call (Options Discussed, Factors Considered, Results, Next Steps)				
Resources Provided				

Appendix A—Outcome(s)

*View the [Client Tracking](#) 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](#) 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 Dsbl'd 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