|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*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 | | | | | | | | | | | |
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**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