

CASE MANAGEMENT SCREENING CRITERIA

Name of Person Referred: _____

Please check all that apply: **MUST MEET FOUR OF THESE:**

_____ **Low income, defined as no more than 150% of the poverty level (\$1,560 for individual, \$2,113 for couple)**

_____ **Impairments of two or more activities of daily living: (walking, dressing, bathing, eating, grooming, toileting)**

_____ **Inpatient hospitalization, stay at rehabilitation facility, or skilled nursing facility within the last two weeks**

_____ **Alzheimer's disease**

_____ **No caregiver support**

_____ **REFERRAL TO BE ASSIGNED TO CARE COORDINATOR**

_____ **REFERRAL TO BE DECLINED**