



IT IS IN THE SHELTER
OF EACH OTHER THAT
THE PEOPLE LIVE.

Irish Proverb

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Adult, Senior & Veteran Request for Services

| | | | |
|---------------------------------------|-------|--------------------------------|---|
| Person Requesting Services (Name): | _____ | Legal Rep/ POA: | _____ |
| Physical Address: | _____ | Phone: | _____ |
| | _____ | Email: | _____ |
| Mailing Address: | _____ | Caregiver: | _____ |
| | _____ | Phone: | _____ |
| Phone Number: | _____ | Email: | _____ |
| Date of Birth: | _____ | Natural Supports Available: | <input type="checkbox"/> Home <input type="checkbox"/> Community |

The person in need of services is requesting support Yes ☐ No ☐
or aware that services are being requested:

Insurance / Eligibility:

Medicaid Eligible: Yes ☐ No ☐
Private Insurance: Yes ☐ No ☐ Copy of Card needed with referral if YES
Veteran: Yes ☐ No ☐

Name of Primary Physician: _____ Phone: _____

Current medical / mental / emotional condition:

What level of assistance is needed? (0=Independent; 1=Supervision (encouragement/cues); 2=Limited Assistance (assistance/minimal); 3=Extensive Assistance; 4=Total Dependence)

| Activities of Daily Living | Level of Assistance |
|--|---------------------|
| Eating / Drinking | |
| Dressing | |
| Bathing – transfer in/out of tub required? | |
| Toileting | |
| Transferring in/out of bed or chair | |
| Ambulation / Mobility: | |
| Walking | |
| Stairs | |
| Walking Distance | |

Referral Source _____ Daytime Phone _____

*Follow-up on referrals will happen within two working days of referral date

*All Community Connections referrals go to the Program Director