

CLIENT REGISTRATION FORM • DAAS 101 (Short Form)
 NC Department of Health and Human Services, Division of Aging and Adult Services

Section I: Required for all clients

This Short Form of the DAAS-101 Client Registration Form may only be used to register congregate meal and transportation clients. Complete all applicable information below.

- HCCBG congregate nutrition (180), NSIP-only congregate meals (181), congregate liquid nutritional supplement (182) – complete Sections I, II, and VII only.
- HCCBG general (250) or medical (033) transportation – complete Sections I and VII only.

Service Code(s): _____	Region Code: <u>0022</u>	Provider Code: <u>77</u>
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1. Client Status: Check the appropriate box(es). Enter the date of client status change.

- New Registration/Activate (Date: _____)
- Waiting for Service (complete Section I only): (Date: _____)
 Enter waiting for service codes: _____
- Change of information (Date: _____)
 (Complete Section I – Items 2, 4, 5, plus the information that needs to be changed)
- Inactive (Date client made inactive and not expected to return: _____)

Enter reason for making client inactive. Make a client inactive only if the person is thought to be permanently leaving the service system. Indicate the reason for making the client inactive below.
If the client is a caregiver receiving FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient's status, check the box for "Care Recipient."

Reason for making client inactive applies to: Client/Caregiver OR Care Recipient

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| <ul style="list-style-type: none"> <input type="checkbox"/> Moved to adult care home/assisted living <input type="checkbox"/> Alternative living arrangement <input type="checkbox"/> Death <input type="checkbox"/> Hospitalization (not expected to return) <input type="checkbox"/> Nursing home placement | <ul style="list-style-type: none"> <input type="checkbox"/> Moved out of service area <input type="checkbox"/> Improved function/Need eliminated <input type="checkbox"/> Service not needed/wanted <input type="checkbox"/> Illness (not expected to return) <input type="checkbox"/> Other (Specify): _____ |
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2. Legal Name, Last	First	MI	Suffix	4. Last 4 digits SSN
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Not for data entry -- name person likes to be called, if different from legal name on SS card:

3. Street Address	5. Date of Birth
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Check if special eligibility

Mailing Address	6. Phone #
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Same as street address

No phone

7. Sex <i>(check one)</i>	8. At or Below Poverty Level? <i>(check one)</i>	9. Marital Status <i>(check one)</i>	10. Household Size <i>(check one)</i>
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Single (divorced/widowed) <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Lives alone <input type="checkbox"/> 2 in home <input type="checkbox"/> 3 or more in home <input type="checkbox"/> Group/shared home <input type="checkbox"/> Refused to answer

11. Race	12. Ethnicity <i>(Are you of Hispanic or Latino origin?)</i>
<p><small>Check the one race with which client most identifies:</small></p> <p>Black or African-American <input type="checkbox"/></p> <p>Asian <input type="checkbox"/></p> <p>American Indian or Alaska Native <input type="checkbox"/></p> <p>White <input type="checkbox"/></p> <p>Native Hawaiian or other Pacific Islander <input type="checkbox"/></p> <p>Unknown/refused <input type="checkbox"/></p>	<p><small>Check all that apply:</small></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unreported</p> <p><input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Hispanic Cuban</p> <p><input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other</p>

11. Race	13. Primary language spoken in the home: <i>(see 30 language options in CRF instructions manual)</i>
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Name of Emergency Contact: _____ Refused to provide emergency contact information

Day phone no.: _____ **Evening phone no.:** _____

14. Client's Overall Functional Status: Well At risk High risk

Enter the client's self-reported overall functional status here. If the client receives other services in addition to congregate nutrition and transportation, use the DAAS-101 Long Form to register the client and complete section IV to report functional status.