

**New Jersey Department of Human Services
Division of Aging Services**

**ASSISTED LIVING/ADULT FAMILY CARE (AL/AFC) REFERRAL
FOR THE MANAGED LONG TERM SERVICES AND SUPPORTS (MLTSS) MEDICAID WAIVER**

APPLICANT BACKGROUND INFORMATION						
Name of Applicant (<i>First, Middle Initial, Last</i>)				Social Security Number		
Street Address				Date of Birth		
City, State, Zip Code				Telephone Number		
Medicaid Application Filed at CWA? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Application			
Caregiver/Legal Representative				Telephone Number		
Referring AL/AFC Provider				Telephone Number		
Reason for Referral <input type="checkbox"/> Spend Down <input type="checkbox"/> New Admit		<i>NOTE: The processing of the AL/AFC Referral Form does not constitute enrollment on the MLTSS Medicaid Waiver nor does it guarantee residency for the applicant at the referring AL/AFC facility.</i>				
APPLICANT CLINICAL INFORMATION						
Diagnosis						
Check off the level of assistance the applicant requires for <u>EACH</u> Activity of Daily Living (ADL):						
Activities of Daily Living (ADL)	Independent	Supervision/ Cueing	Limited Assist or Greater	Cognitive Status		
				Intact	Impaired	
Bathing				Short Term Memory		
Dressing				Procedural Memory		
Bed Mobility				Decision Making		
Eating				MLTSS Waiver Target Population Criteria Aged 65+, or Physically Disabled Age 21-64 <input type="checkbox"/> Yes <input type="checkbox"/> No Age 21-64 with MR/DD/Chronic MI <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, the applicant is ineligible for MLTSS and the AL facility is to counsel the applicant on other options.</i>		
Locomotion						
Toilet Use						
Transfer						
Other Care Needs						
Social Information/Family Supports						
APPLICANT FINANCIAL INFORMATION						
Monthly Income			Resources (bank accounts, stocks, bonds, etc.)			
Social Security						
Pension						
Other						
Total Monthly Income						
Face Value of Life Insurance Policy(ies), if known:						
Name of Individual Completing Form (Print)			Title			
Signature				Date		