

**Intake and Referral form for Social Services.
Barcode 10570 DSHS form 10-570**

Purpose: Communication to social services intake regarding an individual requesting a functional assessment for long-term services and supports (LTSS). Initial eligibility for LTSS is done concurrently by both the financial worker and the social worker/case manager.

Instructions

- Please type or print clearly and fill out as completely as you can to assist in processing the request for service.
- Fax form to the Home and Community Services office in your region for intake.
- If you have questions about submitting the form please contact your regional office at the number below.

REGION 1 – Pend Oreille, Stevens, Ferry Okanagan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams, Whitman, Klickitat, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin: 509-568-3767 or 1-866-323-9409; **fax 509-568-3772**

REGION 2N – Snohomish, Whatcom, Skagit, Island, and San Juan 800-780-7094; **fax 425-339-4859**;
Nursing Facility Intake, **fax 425-977-6579**

REGION 2S – King: 206-341-7750; **fax 206-373-6855**

REGION 3 – Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson, Skamania and Wahkiakum: 800-786-3799; **fax 1-855-635-8305**

Section 1. Referent Information: Include as much information as is known. If the referent is of relation to the applicant, include this information.

Section 2. Applicant Information

- a. Fill out all known application information. Include all identifying information.
- b. If there is an authorized representative complete this section

Section 3. Applicant Location

- a) Please list the applicants currently location and fill out the box that most applies to the applicant's current setting.
- b) Admit date: when was the applicant admitted to the current facility, not needed if in home.
- c) Anticipated discharge date: complete if there is a discharge plan from the current location.

Section 4. Medicaid Eligibility Information

- a) Washington Apple Health is the WA Medicaid program.
- b) MAGI refers to Adults on Medicaid through expansion of the Affordable Care Act.
- c) ACES client ID number can be found in a ProviderOne benefit inquiry and is also known as the DSHS number.
- d) If the applicant is not eligible for WA Apple Health an application is necessary to receive services, please indicate the date the application was submitted.
- e) PASRR information box should be completed only if the applicant is a current resident of a nursing facility. Check the "Yes" box if the applicant required and/or received a PASRR Level II assessment.
- f) Indicate RUG score if known. Check N/A if unknown at the time of Intake and Referral.

Section 5. Assessment Information

- a) If the type of service being requested is known please complete this section.
- b) If the applicant is requesting residential placement, and the type of placement is known please check the box.

Section 6. Personal Care and Nursing Needs

- a) Please check all boxes that apply to the applicant.