

TRACKING ALZHEIMER'S/DEMENTIA RELATED CALLS IN ADRC OF OREGON

I&R CALL MODULE

SCENARIO 1: CALLER IS THE CONSUMER AND SELF-IDENTIFIES AS HAVING ALZHEIMER'S/DEMENTIA.

- Record minimum data requirements relevant to the level of service provided
- Record functionally impaired as “DEMENTIA/ALZHEIMER”S”

Characteristics

DOB: * Date of Birth Age: Functionally Impaired: *

Gender * Veteran Status * ☐ Physical Disability

Transgender Veteran ID# ☒ Dementia/Alzheimer's

Ethnicity * Income Information ☐ Mental Health/Illness

Race * Income ☐ Vision

If other, specify Employment Status ☐ Hearing

English Fluency Receives Social Security ☐ TBI

Primary Language (Main) Receives SSI ☐ ID/DD

If other, specify Receives Private Pension ☐ Emotional

Literacy ☐ Medicare A ☐ Other Cognitive Impairment

Relationship Status ☐ Medicare B ☐ None

Lives With ☐ Medicare D ☐ Other

Household Size Medicare #

Housing Type Medicaid

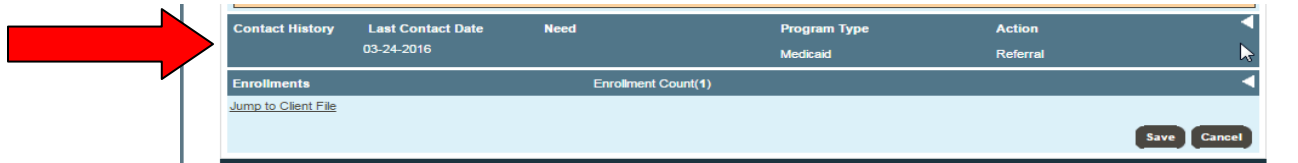
If other, specify ☐ Caring for individual with Alzheimer's/Dementia

Urban/Rural

- If it is the **consumer's first time contacting ADRC**, **ALWAYS** refer to appropriate Alzheimer's Association program and/or Alzheimer's Network (for NWSDS).

Map It, OR Compare	Refer By:				
	Info	Phone	Mail	In Person	Inter Office
alzheimer's association					
<input type="checkbox"/> Sing Here Now Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Association - Oregon Chapter Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Memories in the Making Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TrialMatch Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALZConnected Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Education Programs Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Navigator Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's and Dementia Caregiver Center Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Comfort Zone Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MedicAlert + Alzheimer's Association Safe Return Alzheimer's Association Oregon Chapter	1650 NW Naito Parkway, Suite 190 Portland, OR 97209	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Support Groups Alzheimer's Association Oregon Chapter	Various locations Portland, OR	(800)272-3900(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Association Safe Return - National Alzheimer's Association, National Office	225 N Michigan Avenue Floor 17 Chicago, IL 60601	(800)625-3780(Main)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

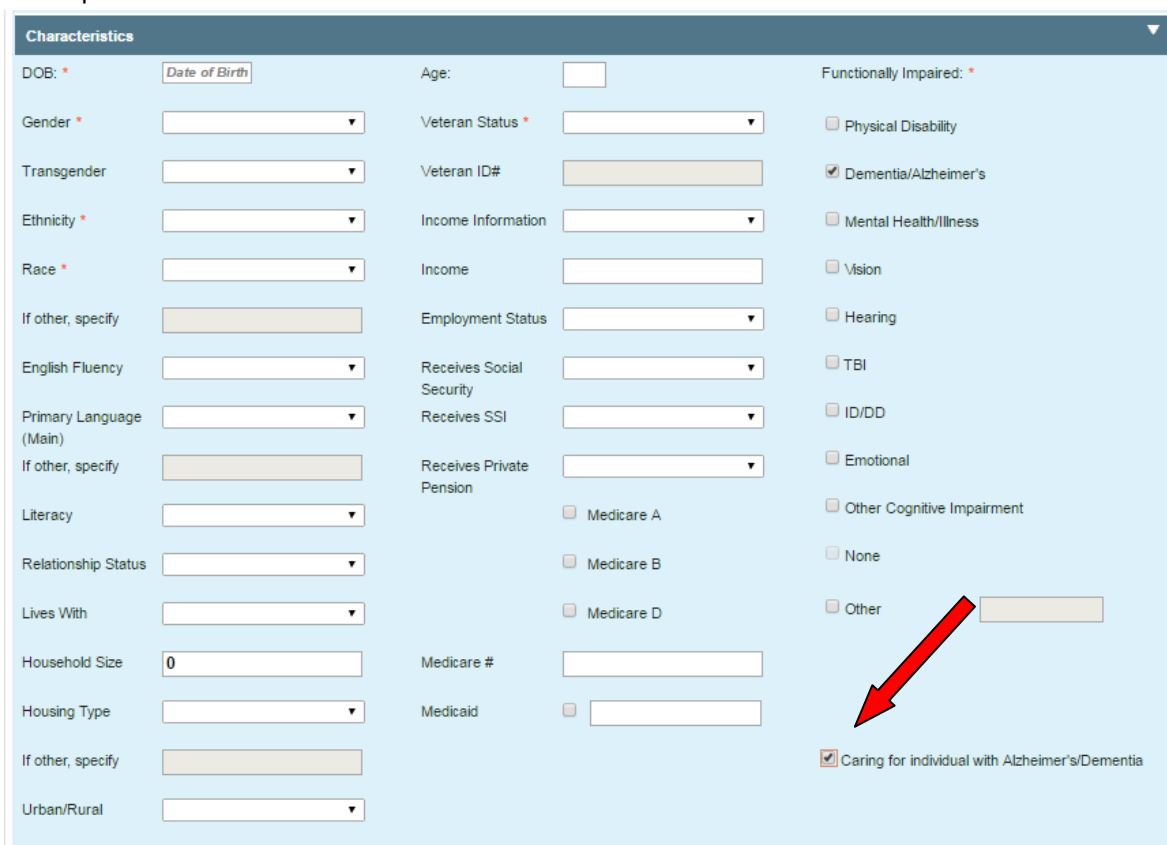
- If the consumer has contacted the ADCR in the past, please review their Contact History section to see if they've been referred to the Alzheimer's Association/Network during previous contacts.



- o If they **HAVE NOT** been referred to the Alzheimer's Association/Network in the past, make sure they are provided a referral (and be sure to record it).
- o If they've been referred in the past, it's not required to refer them again unless referring to another program offered by the organization that meets additional needs.

SCENARIO 2: CALLER IS A NON-CONSUMER, OR CONSUMER WHO'S A CAREGIVER, AND IS CALLING FOR INFORMATION ABOUT RESOURCES SERVING INDIVIDUALS & FAMILIES IMPACTED BY ALZHEIMER'S/DEMENTIA.

- As with all other calls, record minimum data requirements relevant to the level of service provided



Characteristics

DOB: * Age:

Gender * Veteran Status *

Transgender Veteran ID#

Ethnicity * Income Information

Race * Income

If other, specify Employment Status

English Fluency Receives Social Security

Primary Language (Main) Receives SSI

If other, specify Receives Private Pension

Literacy ☐ Medicare A ☐ Medicare B ☐ Medicare D

Relationship Status Medicare #

Lives With Medicaid

Household Size

Housing Type

If other, specify

Urban/Rural

Functionally Impaired: *

☐ Physical Disability

☒ Dementia/Alzheimer's

☐ Mental Health/Illness

☐ Vision

☐ Hearing

☐ TBI

☐ ID/DD

☐ Emotional

☐ Other Cognitive Impairment

☐ None


☐ Other

☒ Caring for individual with Alzheimer's/Dementia

- CAREGIVER: If this is the caregiver's **first time contacting ADCR**, ALWAYS refer to appropriate Alzheimer's Association program and/or Alzheimer's Network (for NWSDS). If the non-consumer

is calling ON BEHALF of a **NEW** consumer, ALWAYS refer to appropriate Alzheimer's Association program and/or Alzheimer's Network (for NWSDS).

- If the consumer (caregiver OR individual being called about by non-consumer) has a pre-existing record in ADRC, please review their Contact History to see if they have been referred to the Alzheimer's Association in the past.



Contact History	Last Contact Date	Need	Program Type	Action
	03-24-2016		Medicaid	Referral

Enrollments Enrollment Count(1)

[Jump to Client File](#)

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- o If they have not been referred to the Alzheimer's Association/Network in the past, make sure they are provided a referral (and record it).
- o If they've been referred in the past, it's not required to refer them again unless referring to another program offered by the organization that meets additional needs.