Resident Information Sheet

Adult Care Home Program

Multnomah County
Department of County Human Services

General Information

Resident legal name		Preferred/chosen name*	Birth date
Gender identity*	Pronouns*	Religious/spiritual preference	Marital status
Adult care home address			Original admission date
Operator name		License number	Phone number
Day program or employer		Address	Phone number
Prior residence (name, type and address if applicable)			

**As indicated by resident*

ADVSD or Behavioral Health Case Manager Information

Not applicable to private-pay residents.

Case manager name	Branch/organization	Phone number
Address		

Medicaid, Medicare and Private Insurance Information (if applicable)

Medicaid ID number	Medicare number (MIB)			
Medicare advantage carrier	Member ID number	RxBIN	RxPCN	RX Group Number
Additional insurance policy carrier	Type		Policy number	
Additional insurance policy carrier	Type		Policy number	

Legal and Family Information (if applicable)

Does the resident have a legal guardian? ▢ Yes ▢ No

Person's name	Relationship to resident	Address	Phone number
Legal guardian			
Power of attorney			
Legal representative			
Designated representative			
Relative/significant person			
Other emergency contact			

Medical Provider Information (if applicable)

Person's Name	Address	Phone number
Medical provider		
Dental provider		
Mental health provider		
Other specialist		
Other specialist		
Other specialist		

Hospice/home health agency or PACE name and phone number	Preferred hospital

Does the resident have (check all that apply): ▢ DNR ▢ POLST ▢ Advance healthcare directive

Mortuary/funeral home name and phone number	Date operator updated resident info in this form