# The Lodge Community Home

## Initial Interest Screening Questionnaire

Legal Name of Potential Resident: _____

Date of Birth of Potential Resident: _____

Name of Additional Contact Person (if applicable): _____

Phone Number: _____ Email Address: _____

Preferred Contact Method: ☐ By Phone ☐ By Email

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Which of the following experiences apply to the potential resident?

☐ Do or have lived on their own
☐ Has their own bank account
☐ Cooks for themselves with a stove/oven
☐ Do or have worked in the community
☐ Handle some of their own finances
☐ Have used public transportation

What of the following benefits or funding support apply to the potential resident?

☐ Medicaid Waiver
☐ Medicaid State Plan
☐ SSI/SDI
☐ Consumer Directed Care (CDC+)
☐ Medicaid Managed Care Plan
☐ Conventional Health Insurance

If the potential resident has a Waiver Support Coordinator, please provide their name:

_____

If the potential resident has managed care or conventional health insurance coverage, please list the provider: _____

Is the potential resident receiving treatment for mental health or emotional concerns?

☐ Yes ☐ No

Are you able to provide recent medical records?

☐ Yes ☐ No

Please return completed form by mail or email to:
1050 North Davis Street, Jacksonville, FL 32209 | thelodge@arcjacksonville.org