



## ADRN Intake and Referral Form Exercise Responses

April 21, 2011

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VOTES

### ADRN INTAKE AND REFERRAL FORM DATA

- 20 Why are you calling today?
- 19 Client Name
- 19 Client Phone
- 16 Client Date of Birth
- 16 Are you currently getting services?
- 16 Living arrangements
- 12 Client Address
- 12 Referent Name
- 10 Referent Phone
- 10 Is there anyone who helps you make decisions?
- 9 Client County
- 9 Consent to share information on a need to know basis?
- 8 Client Gender
- 7 Current benefits
- 6 Primary disability
- 6 Funding source and waiver services
- 5 Client SS# (last 4 digits)
- 5 Client Marital Status
- 5 Referent Address
- 5 Relationship to Client
- 5 Medical insurance
- 3 Monthly Gross Income Ranges
- 3 Employment Status
- 2 Client Primary Language
- 1 Have you ever been determined by the government to have been disabled?
- 1 Outcome/Referral Information