BrandmanCenters FOR SENIOR CARE

Inquiry Form

Attn: Alicxa Manchan
Enrollment Representative
Phone: 818.774.3204
Fax: 818.774.3248
Email: Alicxa.Manchan@jha.org

Name of Prospective Enrollee (PE): Phone Number of PE: Alternate Phone Number of PE:		Address:	
Name of Family Contact or Power of Attorney: Phone Number: Alternate Phone Number:		Address:	
Date of Birth of PE: Prospective Start Date:	Does PE have Medicare? Yes ❒ No ❒	Does PE have Medi-Cal? Yes ❒ No ❒ Share of Cost? Yes ❒ No ❒	Does PE have In-Home Support Services (IHSS)? Yes ❒ No ❒ If Yes, is PE willing to part with IHSS? Yes ❒ No ❒

Prospective Enrollee's Current Living Arrangements:

❒ Living with Spouse ❒ At Home Independently ❒ At Home with Services
❒ Living with Sibling ❒ Living with Child ❒ Assisted Living Facility

Medical Conditions:

What services does the Prospective Enrollee need?

❒ Home Care ❒ Physical Therapy ❒ Occupational Therapy ❒ Adult Day Care
❒ Recreational Therapy ❒ Meals ❒ Transportation ❒ Medication Management

Notes about Prospective Enrollee's Needs: