



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

Name of Prospective Enrollee (PE):		Address:	
Phone Number of PE:			
Alternate Phone Number of PE:			
Name of Family Contact or Power of Attorney:		Address:	
Phone Number:			
Alternate Phone Number:			
Date of Birth of PE:	Does PE have Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does PE have Medi-Cal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does PE have In-Home Support Services (IHSS)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Prospective Start Date:		Share of Cost? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is PE willing to part with IHSS? Yes <input type="checkbox"/> No <input type="checkbox"/>
Prospective Enrollee's Current Living Arrangements:			
<input type="checkbox"/> Living with Spouse	<input type="checkbox"/> At Home Independently	<input type="checkbox"/> At Home with Services	
<input type="checkbox"/> Living with Sibling	<input type="checkbox"/> Living with Child	<input type="checkbox"/> Assisted Living Facility	
Medical Conditions:			
What services does the Prospective Enrollee need?			
<input type="checkbox"/> Home Care	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Adult Day Care
<input type="checkbox"/> Recreational Therapy	<input type="checkbox"/> Meals	<input type="checkbox"/> Transportation	<input type="checkbox"/> Medication Management
Notes about Prospective Enrollee's Needs:			