



**SOUTHEAST ALASKA  
INDEPENDENT LIVING**  
*Inspiring Personal Independence*



**ADRC Referral Form/Request for Medicaid Waiver Screening**

Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Veteran? \_\_\_\_\_

Referred by: \_\_\_\_\_ Contact info: \_\_\_\_\_

Consumer currently in:  Skilled Nursing Facility  Hospital/Swing Bed  Assisted Living  Home

Home Address/Community: \_\_\_\_\_

Health Care Coverage:  Medicaid  Medicare  IHS  Private  VA  Other

Current disability or medical condition: \_\_\_\_\_

Reason for contacting the ADRC?  Info & Referral  Options Counseling  PCI/Screening

Current needs: \_\_\_\_\_

Other important information: \_\_\_\_\_

Does consumer/POA give verbal authorization for referral to ADRC? \_\_\_\_\_  
(Please provide Release of Information if available).

Please return completed form to one of the following ADRC specialists, via fax or secure email:

<b>Juneau/Wrangell</b>	<b>Ketchikan/Metlakatla/POW</b>	<b>Sitka/Kake/Angoon</b>	<b>Haines/Skagway</b>
<p><b><i>Mollie Carr</i></b> <a href="mailto:mcarr@sailinc.org">mcarr@sailinc.org</a> 8711 Teal St. Suite 300 Juneau, Alaska 99801</p> <p>Phone: 888.487.0974 Fax: 888-521-4869</p>	<p><b><i>Emily Loyd</i></b> <a href="mailto:eloyd@sailinc.org">eloyd@sailinc.org</a> 4693. N. Tongass Hwy Ketchikan, Alaska 99901</p> <p>Phone: 888-487-1025 Fax: 888-521-4871</p>	<p><b><i>Terra Parsly</i></b> <a href="mailto:tparsly@sailinc.org">tparsly@sailinc.org</a> 514 Lake St. Suite C Sitka, Alaska 99835</p> <p>Phone: 888-487-1027 Cell: 907-738-1491 Fax: 888-521-4870</p>	<p><b><i>Cori Stennett</i></b> <a href="mailto:cstennett@sailinc.org">cstennett@sailinc.org</a> PO Box 183 Haines, AK 99827</p> <p>Phone: 888-471-1332 Cell: 907-500-5174 Fax: 907-766-3254</p>