Sitters Companion Adult Care LTSS Services

Referral and Contact Information

Referral Date _____ Time _____ AM ☐ PM ☐ Referral Source _____

Caller/Contact Name _____ Phone _____ Relationship _____

Client Identification

Client Name _____ DOB _____ Gender _____

Address _____ Zip _____ Phone _____

City/State _____ Medicaid ID _____ Medicare ID _____

Insurance Type _____ Current Living Setting _____

Legal Representative / Guardian _____ Phone _____ Consent Obtained ☐ Y

Clinical Overview

Primary Diagnosis _____

Secondary Diagnoses / Notes _____

Primary Care Provider _____ Hospital / Facility _____

Current Company / Provid _____ Referred By _____

Sitters Companion Adult Care LTSS Services

Functional Capacity Screening (aligned to core UAI / LTSS criteria)

Mark the current level of assistance needed for each item.

ADL / Item	Independent	Semi-dependent	Dependent	Not performed	Notes
Bathing	☐	☐	☐	☐	
Dressing	☐	☐	☐	☐	
Toileting	☐	☐	☐	☐	
Transferring	☐	☐	☐	☐	
Mobility / Locomotion	☐	☐	☐	☐	
Eating / Feeding	☐	☐	☐	☐	
Bowel function	☐	☐	☐	☐	
Bladder function	☐	☐	☐	☐	
Behavior pattern	☐	☐	☐	☐	
Orientation	☐	☐	☐	☐	
Joint motion	☐	☐	☐	☐	
Medication administration	☐	☐	☐	☐	

Medical / Nursing Needs and Risk

☐ Daily licensed nurse oversight needed

☐ Medication administration support

☐ Wound care / skin breakdown

☐ Fall risk / unsafe to remain alone

☐ Catheter / ostomy / tube care

☐ Recent hospitalization / ER use

At risk for nursing facility placement or hospitalization within 30 days without services? ☐ Yes ☐ No _____

HIPAA Acknowledgment and Signatures

I acknowledge that Sitters Companion Adult Care may use and disclose health information for intake, care coord
ination, payment, and healthcare operations consistent with HIPAA and applicable Virginia Medicaid LTSS screening requirements.

☐ I have received and acknowledge this notice.

Client / Authorized Representative Signature _____ Date _____

Intake Staff / Screener _____ Title _____ Date _____

This branded form is UAI-aligned for internal intake. It is not a substitute for the official LTSS screening packet submitted in eMLS.