

AAA 9 PASSPORT Consumer Service Information

Phone: 1-844-932-7277 or 740-432-6600

Email: casemanagement@aaa9.org or initialreferral@aaa9.org

PROGRAM <input type="checkbox"/> PASSPORT <input type="checkbox"/> CCC	PFL <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	REFERRAL <input type="checkbox"/> Consumer Choice <input type="checkbox"/> Informed Choice <input type="checkbox"/> Cost	<input type="checkbox"/> FAXED Date <input type="text"/>
			<input type="checkbox"/> MAILED Date <input type="text"/>

PROVIDER:

CONSUMER: **ID NUMBER:**

ADDRESS:

PHONE NUMBER: **Consumer Status:**

DATE OF BIRTH: Gender: Height: Weight:

CONSUMER MEDICAID NUMBER:

From CASE MANAGER: From: SCHEDULER:

Consumer Contact Person: **PHONE NUMBER:**

RELATIONSHIP:

PHYSICIAN: **PHONE NUMBER:**

DIAGNOSIS:

CONSUMER FUNCTIONAL LIMITATIONS

Vision Hearing Speech Swallowing Mental Capabilities

Comprehension Use of Arm/Hand Walking Coordination

PROVIDER ALERTS:

PROVIDER CONTACT: **Date:**

The Case Manager shall record the Consumer's Signature of Choice in the Consumer's Service Plan. The Consumer Signature of Choice may include a handwritten signature; initials; stamp or mark; or electronic signature.

CONSUMER SIGNATURE OF CHOICE: