## Test, QSI (2468) 1/1/2000

## Linder, Elanit (elinder)

## Jewish Family Service of Greater New Haven Inc

JFS Care Navigator's Intake			
Test, QSI (2468) 1/1/2000		CN Financial	
► CN Demographics			
CN Medical		Insurance Information	
CN Client Intake CN Financial	Medicare Number:		
CN Legal	Part A, effective date:		
CN Notes			
Signatures	Part B, effective date:		
Document List	Medigap Plan Number:		
* 06/08/23Linder, Elanit (elinde	Medigap Group Number:		
•	Medicare Advantage Policy Number:		
	Medicare Advantage Group Number:		
	Part D Medicare Plan or Advantage Drug Plan Group Number:		
	Medicaid Number:		
	Does policy cover mental health benefits?	○Yes ○No	
		⊖ Yes ⊖ No	
	HMO:		
	HMO Policy #:		
	Phone:		
		Entitlement Programs	
	Do you have Federal and State public benefits?	○ Yes ○ No	
	Do you have Veteran benefits?	○ Yes ○ No	
	Does he/she have a long term insurance policy?	⊖ Yes ⊖ No	
		Financial Concerns These questions need answered to project long term care recommendations.	
		If affordability of services is not a concern, these questions can be left blank.	
	Do you have Health insurance?	⊖ Yes ⊖ No	
	Do you have Health insurance?	○ Yes ○ No	
	Do you have Health insurance?	⊖ <sub>Yes</sub> ⊖ <sub>No</sub> Reimbursement Resources	
	Do you have Health insurance? Company Name:		
		Reimbursement Resources	
	Company Name:	Reimbursement Resources	
	Company Name: Street 1: Street 2:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4:	Reimbursement Resources	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone:	Reimbursement Resources         Address	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone:	Address	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers:	Reimbursement Resources         Address	8
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers:	Address	2
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers: Asset #1: Value of Asset #1:	Address	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers: Asset #1: Value of Asset #1: Asset #2:	Address	8
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers: Asset #1: Value of Asset #1:	Address	
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	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers: Asset #1: Value of Asset #1: Asset #2: Value of Asset #2:	Address	
	Company Name: Street 1: Street 2: APT/Suite: City: State/Province: Zip: Zip + 4: Phone: Claim / Group Numbers: Asset #1: Value of Asset #1: Asset #2: Value of Asset #2: Debt #1:	Address	

Source of Income #1:	
Value of Income #1:	
Source of Income #2:	
Value of Income #2:	
Total Monthly Income:	
Total Monthly Expenses:	
Are services for low income elderly being received?	⊖ Yes ⊖ No
Describe any other concerns that were not covered in this questionnaire:	

Max: 4000 characters.