

2016 VICAP FORM

DATE _____

Client Name and Demographic Information

Name: _____

Address: _____

County or City of Residence: _____ Phone: _____

Medicare Claim #: _____ Effective Date: _____

Birthdate: _____ Gender: Male Female

Race Status: White or Caucasian Only African American Only Two of More Races Combined

Asian Only Native Hawaiian or Pacific Islander Only Some Other Race Only

American Indian or Alaskan Native Only Race Unknown

Hispanic Origin: Hispanic or Latino NOT Hispanic or Latino

Physical Environment and Financial Resources

Client lives alone: Yes **or** No Number of Members in Immediate Family: _____

Total Monthly Income of Immediate Family: _____ Client

_____ Spouse

_____ **TOTAL**

NOTES: