

# 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: