Huntington Senior Care Network

100 West California Boulevard
Pasadena, CA 91105
(626) 397-3110

ALW Applicant Information for State Waitlist Request

Where applicable, please list information as it appears on applicant's Medi-Cal card.

Last name	First name	Middle initial	Gender Male Female
Address	City	State	Zip code
Preferred phone number Extension	Date of birth	Married? Yes No	Preferred language
Medi-Cal number (14 digits)	Medi-Cal date of issue	Email address	

Current living arrangement:

- Acute hospital
- At home
- Homeless
- Assisted Living Facility - Name: _____
- Skilled Nursing Facility - Name: _____

Admission date: _____

Phone: _____ Extension: _____

- Other - Please specify: _____

Total monthly income	Receiving SSI? Yes No	Adult Protective Services involvement? Yes No

Who has the legal authority to make the applicant's health care decisions? Applicant Other

If other, please specify:

_____

Last name First name Relationship to applicant Preferred phone Ext.

Was the legal representative notified of this request for the ALW waitlist? Yes No

Current programs attended and services received by applicant (please check all that apply)

- ☐ Adult Day Health Care
- ☐ Hospice
- ☐ Cal Medi-Connect
- ☐ Regional Center
- ☐ Senior Care Action Network
- ☐ In-Home Supportive Services (IHSS) - Hours authorized per month: _____
- ☐ Home Health Agency - Hours per week: _____
  - Type of services received: ☐ Attendant care ☐ Certified Home Health Aide (CHHA) Nursing: ☐ RN ☐ LVN
- ☐ California Community Transitions (CCT)
- ☐ Multipurpose Senior Services Program (MSSP)
- ☐ Nursing Facility/Acute Hospital Waiver (NF/AH)
- ☐ Program of All Inclusive Care for the Elderly (PACE)

Please return this completed form to:

Huntington Senior Care Network
Attention: ALW Care Coordination Agency
100 W. California Boulevard
Pasadena, CA 91105
f. (626) 397-2143
HSCNALW@huntingtonhospital.com