

¿Hablas Español? Si No

¿Necesitas un documento en Español? Si No

Aging Needs Evaluation Summary (AGNES) - One Form

This form may not be altered. Revised 10/1/2021.

Basic Client Information		Date of Assessment: / / <small>(Today's date - Assessment date in A&D)</small>	Nickname:
Legal First Name:		Legal Last Name:	Middle Initial:
Date of Birth: / /	Age:	Gender (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <small>(Optional) Gender Identity for 'Other':</small> <input type="checkbox"/> Non-Binary <input type="checkbox"/> Non-Disclose <input type="checkbox"/> Transgender-Female <input type="checkbox"/> Transgender-Male <input type="checkbox"/> Other	
Residential Address:		<input type="checkbox"/> <i>Check if same as Residential Address</i>	
Residential City, State and Zip Code:		Mailing Address:	
Residential City, State and Zip Code:		Mailing City, State and Zip Code:	
Primary Phone Number: () Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone Number: () Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Email Address:		Are you willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your preferred language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other List: _____	Race (check one) <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> White-Hispanic <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		Ethnicity (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Marital Status? (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other		Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working? <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> No
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the spouse or dependent of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your monthly income at or below this amount? Family size 1-\$1,073 Family size 2- \$1,452 Family size 3- \$1,830 Family size 4- \$2,208		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name:		Relationship:	Phone Number: () Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Use of Information: The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856-4398 or the WDH Aging Division, Community Living Section at 1 (800) 442-2766.			
Signature _____		Date _____	
Office use only: What programs will the participant be enrolled in? <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1 <input type="checkbox"/> Title III-C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> WyHS			

*This page is for WDH, Aging Division Title III-B, C1, C2, D, E and WYHS eligible participants.



