

	Applicant	
	YES	NO
a. Are you now confined or in the last 90 days have you been confined in a hospital?	<input type="radio"/>	<input type="radio"/>
b. In the last year, have you, due to mental or physical disability, authorized any person or institution to legally act on your behalf, and take over your personal business transactions?	<input type="radio"/>	<input type="radio"/>
c. Do you need or in the last three years have you needed the help of another person to eat, bathe, dress, get in or out of bed or a chair, use the toilet, or maintain personal hygiene due to incontinence?	<input type="radio"/>	<input type="radio"/>
d. Do you use or in the last three years have you used a wheelchair, motorized scooter, chairlift, stairlift, multi-pronged cane, or a walker, other than as part of hospital confinement?	<input type="radio"/>	<input type="radio"/>
e. Do you use or in the last three years have you used a urinary catheter or home oxygen?	<input type="radio"/>	<input type="radio"/>
f. Within the past three years, have you had dialysis of any type, including but not limited to hemodialysis or peritoneal dialysis?	<input type="radio"/>	<input type="radio"/>
g. Have you ever been diagnosed with or treated by a health care professional for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or have you ever tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/>	<input type="radio"/>
h. Within the past three years, have you received or been advised by a health care professional to receive home health care services including but not limited to home rehabilitation visits or adult day care services or have you been confined in or advised to enter a nursing home, assisted living or other type of long term care facility?	<input type="radio"/>	<input type="radio"/>
i. Within the past three years, have you been diagnosed with or treated by a health care professional for:		
(1) Memory loss, dementia, organic brain syndrome, or Alzheimer's disease?	<input type="radio"/>	<input type="radio"/>
(2) Stroke or transient ischemic attack (TIA)?	<input type="radio"/>	<input type="radio"/>
(3) Any of the following problems related to diabetes: diabetic coma, vision problems, total or partial loss of feeling in your leg or foot, leg or foot ulcers, kidney problems, or are you taking 100 or more units of insulin daily?	<input type="radio"/>	<input type="radio"/>
(4) Cancer (except basal cell or squamous cell cancer of the skin)?	<input type="radio"/>	<input type="radio"/>
(5) Congestive heart failure?	<input type="radio"/>	<input type="radio"/>
(6) Parkinson's disease, Muscular dystrophy, Amyotrophic lateral sclerosis (ALS), Lupus, Multiple sclerosis, Chronic osteomyelitis, Huntington's, Myasthenia Gravis, or Addison's disease?	<input type="radio"/>	<input type="radio"/>
(7) Bipolar disorder, any delusional or psychotic disorder, including but not limited to schizophrenia?	<input type="radio"/>	<input type="radio"/>
(8) Emphysema, chronic bronchitis, COPD or other chronic lung disorder?	<input type="radio"/>	<input type="radio"/>
(9) Alcohol abuse, prescription or illegal drug abuse?	<input type="radio"/>	<input type="radio"/>
(10) Liver disease, including but not limited to cirrhosis, Hepatitis B or C?	<input type="radio"/>	<input type="radio"/>
j. Within the past one year, has a health care professional recommended any surgery that has not yet been performed?	<input type="radio"/>	<input type="radio"/>
k. Within the past one year, has a health care professional advised you to have any diagnostic tests performed that have not yet been completed, or have you had any diagnostic test performed for which you have not yet received results?	<input type="radio"/>	<input type="radio"/>
l. Do you receive or in the last three years have you received, due to disability, federal, state, or local government assistance in any form, such as Supplemental Security Income; Social Security Disability Income; are you having Medicare premiums paid for by the state; or are you eligible for Medicare due to a disability, or Medicaid?	<input type="radio"/>	<input type="radio"/>