

(Guiding an Improved Dementia Experience) Program

New Dementia Patient and Caregiver Support available. If you or a loved one have been diagnosed with dementia, you may be eligible for support through the federal government's new program, GUIDE (Guiding an Improved Dementia Experience).

INTAKE FORM

If you or a loved one has been diagnosed with dementia, you may be eligible for support through the federal government's new program, GUIDE (Guiding an Improved Dementia Experience).

By completing this form, you consent to be contacted for consideration of alignment to the GUIDE Model. A care navigator will respond to your intake assessment. The trained care navigator team will review your needs and create a care plan if you are eligible.

Place an X next to the statements that are true for the patient.

To be eligible for GUIDE, the patient must meet all three of the following:

- The patient is enrolled in Medicare Part A & B.
- The patient has a diagnosis of dementia.
- The patient lives at home or in a community setting.

For the patient to be eligible for GUIDE, the following must be true:

- The patient is **not** enrolled in a hospice or PACE program.

Patient First and Last Name: _____

Patient's Date of Birth (mm/dd/yyyy): _____

Patient's Street Address: _____

City: _____, Zipcode: _____

Maryland county where the patient resides: _____

For More Information, Contact Us At: info@mdlivingwell.org

GUIDE

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 Healthspan Partners
Comprehensive Dementia Care



MARYLAND
Living Well
CENTER of EXCELLENCE



CENTRAL MARYLAND
AREA HEALTH EDUCATION CENTER

INTAKE FORM, page 2

Patient's Attending Physician: _____

Your Name (if not patient): _____

Email Address: _____

Phone: _____

Relationship to Patient: _____

Are you a caregiver? Yes No

PLEASE SCAN AND EMAIL THIS FORM TO:

info@mdlivingwell.org,

or mail to:

Maryland Living Well Center of Excellence

909 Progress Circle

#100

Salisbury, MD 21804-2316

For More Information, Contact Us At: info@mdlivingwell.org