

### Ceresti Empowerment Program Intake Form

Instructions: Please fill out this form for caregivers of BCBS MN members with dementia who are interested in participating in the Ceresti program. Send the completed forms via secure email to [intakebcmn@ceresti.com](mailto:intakebcmn@ceresti.com) or call 760-828-2718.

BCBS Delegate Organization:

Care Coordinator Name:

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Member Name:

Member Residence (check one):  Home  Assisted Living  Memory Care  Skilled Nursing

MA ID:

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Caregiver Name:  Relationship to Member:

Caregiver Phone Number:

Is caregiver a caregiver for another person? (check one):  Yes  No

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Member Cognition (check one):  Mild Impairment  Moderate Impairment  Severe Impairment

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**Other Notes** (about the member or caregiver that Ceresti should be aware of:)