

Department of Elder Affairs Forms Order Template

PRIDE FORM#	DESCRIPTION	PER PACK	ORDER	PRICE	TOTAL
Department of Elder Affairs Forms					
3DOEA001	DOEA-CARES 602 , Oct 2000 CARES To Case Management Referral Form	100 Forms		\$5.52	
3DOEA002	DOEA-CARES 603 , Mar 2003 Notification of Level of Care (Also CARES 601)	50 Forms		\$2.05	
3DOEA003	DOEA-CARES 604 , Oct 2000 CARES Follow-up	50 Forms		\$3.17	
3DOEA007	DOEA-CARES 3054 , Oct 2000 Case Recording Form	250 Forms		\$6.25	
3DOEA008	DOEA FORM 701 A Prioritization Form	250 Forms		\$15.12	
3DOEA009	DOEA FORM 701 B Assessment Instrument	50 Booklets		\$4.68	
3DOEA010	DOEA FORM 701 C Congregate Meals Assessment	500 Forms		\$9.44	
3DOEA018	HIPAA FORM- Notice of Privacy Practices (English) [Revision: 1-16-04]	100 Booklets		\$9.00	
3DOEA019	HIPAA FORM- Notice of Privacy Practices (Spanish) [Revision: 1-16-04]	100 Booklets		\$2.50	
3DOEA024	DOEA-CARES 608 , May 2004 Freedom of Choice CARES	50 Forms		\$4.00	
3DOEA025	DOEA-CARES 610 , May 2004 Assist with Eligibility CARES	50 Forms		\$4.00	
Department of Children & Families Forms					
3CF00081	CF-ES 2010 W , Sep 2000 Case Record Ledger (White)	100 Forms		\$4.62	
3CF00277	CF-ES 2040 , Sep 2000 Informed Consent Form	100 Forms		\$2.97	
3CF00185	CF-FSP 5065 , Client Referral for Services (NCR Version)	200 Forms		\$8.16	
3CF00355	CF-MED 3007 , Sep 2000 Client Status Transmittal	500 Forms		\$10.31	
3CF00210	CF-MED 3008 , Sep 2000 (Page 1) Physician Referral Form	100 Forms		\$2.83	
3CF00211	CF-MED 3008 , Sep 2000 (Page 2) Physician Referral Form	100 Forms		\$2.83	
3CF00213	CF-MED 3057 , Sep 2000 (Page 1) MI/MR Pre-admission Screening Inclusionary and Exclusionary Checklist	100 Forms		\$6.05	
3CF00214	CF-MED 3057 , Sep 2000 (Page 2) Part C - Mental Illness/Mental Retardation Exclusions	100 Forms		\$6.05	
3CF00470	CF-ES 2327 , May 2004 Common Application Form and Eligibility Questionnaire	100 Forms		\$7.36	
3CF00095	CF-ES 2066S , Sep 2003 Request for (Public) Assistance (Spanish)	200 Forms		\$11.24	
F3CF99061	CF-ES 2066 , Sep 2003 Request for (Public) Assistance (RFA)	1800 Carton		\$53.57	
TOTAL:				***Note: If paying per check please add \$5.00 for Shipping Charges.***	

This Order Will Be Placed by: Purchase Order (Give Number):

Purchasing Card

Bill To:

Name _____
 Address _____
 City, State, Zip _____,
 Cardholder Name _____
 Phone # () - _____

**Do NOT Provide
PURCHASING CARD
Information on this form!!!**

Ship To:

Name _____
 Address _____
 City, State, Zip _____,
 Phone # () - _____

Contact Name: _____
 Phone # () - _____

You will be contacted by our Corporate Office for your purchasing card information. After you have placed your first order, you will not be contacted for the purchasing card information. If your purchasing card information changes, please note on the order form that you need to be contacted for new information.

**PLEASE FILL OUT AND FAX OR E-MAIL TO:
 CALHOUNPRINT@PEOL.COM**
PRIDE Calhoun Graphics Printing FEID #: F-59-216-7018-100
 19566 S.E. Institution Drive; Blountstown, FL 32424
 Phone: (850) 674-3299 • SunCom: 771-2100 • Fax: (850) 674-3285
 For Customer Service Contact: Inmate J. Lucero

