

INSERT LOGO HERE

Older Americans Act Services Intake Form

Tell us about yourself.

| | | | |
|----------------------------|--------------------------|--------|------|
| Today's Date: / / | Preferred Phone: () | | |
| First Name: | Last Name: | MI: | |
| Date of Birth: / / | Email: | | |
| Address: | City: | State: | Zip: |

The following data is asked by our funders and will not be disclosed by name.

| | |
|--|--|
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other: |
|--|--|

Check the racial categories that apply to you:

White Asian African American/Black American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander Other:

| | |
|--|---|
| Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Do you live alone? Yes No

If Yes, is your annual household income more than \$13,590? Yes No

If No, is your annual household income more than:

If 2 people, is your annual household income more than \$18,310? Yes No

If 3 people, is your annual household income more than \$23,030? Yes No

If 4 people, is your annual household income more than \$27,750? Yes No

If 5 people, is your annual household income more than \$32,470? Yes No

If 6 or more people, is your annual household income more than \$37,190? Yes No

Are you interested in learning about any other services?

Meals Transportation Nutrition Counseling Legal Assistance Caregiver Support

Options to stay at home Options to return to home Health and Wellness Classes

Help us serve you better by answering the following questions.

| | I didn't need help | I needed help sometimes | I always needed help | Activity did not occur |
|--------------------|--------------------|-------------------------|----------------------|------------------------|
| Shop | | | | |
| Manage Medications | | | | |
| Prepare Meals | | | | |
| Use Transportation | | | | |

IADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

| | I don't need help | I need help sometimes | I always need help | Activity did not occur |
|-----------------------|-------------------|-----------------------|--------------------|------------------------|
| Manage Money | | | | |
| Complete Housekeeping | | | | |
| Complete Laundry | | | | |
| Use the Telephone | | | | |

IADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

| | I didn't need help | I needed help sometimes | I always needed help | Activity did not occur |
|-------------------------|--------------------|-------------------------|----------------------|------------------------|
| Continence | | | | |
| Bathe | | | | |
| Dress | | | | |
| Get out of bed or chair | | | | |
| Use the toilet | | | | |
| Eat | | | | |

ADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

Older Americans Act Services Intake Form

This section to be completed by the provider.

Consumer:

Provider:

New Intake Form

Updated Intake Form

Check the box next to the service provided:

- Adult Day Care / Health
- Assisted Transportation
- Case Management
- Chore
- EAPA Assessment & Intervention
- Emergency Response System
- Health Promotion: Evidence Based
- Health Promotion: Non-Evidence Based
- Homemaker
- Material Aid
 - Assistive Technology/Durable Equipment
 - Consumable Supplies
 - Home Modification/Repair
 - Other
- Options Counseling
- Personal Care
- Transportation