

Client Intake Form

Today's Date: _____ Age: _____ Date of Birth: _____
 Last Name: _____ First Name: _____ Gender: Male Female
 Social Security #: 000-00- _____ Veteran: Y N Telephone #: _____
 Residence Address: _____ Mailing Address: _____
 City: _____ Zip Code: _____ email: _____

Marital Status:	Employment:	Monthly Income Level:	
<input type="checkbox"/> Single	<input type="checkbox"/> Full Time	Single	Married
<input type="checkbox"/> Married	<input type="checkbox"/> Part Time	<input type="checkbox"/> \$930 or less	<input type="checkbox"/> \$1,260 or less
<input type="checkbox"/> Widowed	<input type="checkbox"/> Retired/ Unemployed	<input type="checkbox"/> \$931- \$1,163	<input type="checkbox"/> \$ 1,261- \$1,575
<input type="checkbox"/> Separated	<input type="checkbox"/> Currently Volunteering	<input type="checkbox"/> \$1,164- \$1,721	<input type="checkbox"/> \$1,576- \$2,332
	<input type="checkbox"/> Would like to Volunteer	<input type="checkbox"/> \$1,722 or more	<input type="checkbox"/> \$ 2,333 or more

Source of Income (please check all that apply):

No Income TANF/SER SSI/SSDI Social Security Pension General Assistance
 Retirement (IRA/401K) HCBS

Health Insurance:

Medicare Medicaid Supplement Long Term Care Other

Living Situation:

Lives Alone Lives w/ Spouse/Partner Lives with extended family Other

Current Residence:

Owns Home Rents Home/Apartment Family Members Residence Other

Number in Household: _____

Are you Hispanic OR non-Hispanic?	What is your primary language spoken? _____
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<p>Race:</p> <p> <input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ </p>	<p>Service Modifications:</p> <p> Are you homebound? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have vision problems? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have hearing problems? <input type="checkbox"/> Y <input type="checkbox"/> N Do you use a walker? <input type="checkbox"/> Y <input type="checkbox"/> N Do you use oxygen? <input type="checkbox"/> Y <input type="checkbox"/> N Do you use a cane? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have communication problems? <input type="checkbox"/> Y <input type="checkbox"/> N </p>
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If we are unable to provide you with transportation or other services of Senior Resource Services, you want your name to be placed on our wait list? Circle one. YES NO

How did you hear about us? _____

Education:

Grade 0-8 _____ 9-12 Non-Graduates _____ High School/GED _____ Some College _____ College Degree _____