

Crater District Area Agency on Aging

INTAKE DOCUMENT

DATE: _____ TAKEN BY: _____ FIPS CODE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ RACE: _____

DOB: _____ SEX: _____ MARITAL STATUS: _____

NUMBER IN HOUSEHOLD: _____ INCOME: \$ _____ SERVICES REQUESTED: _____

NAME OF CALLER: _____ TELEPHONE: _____

REFERRED BY: _____ TELEPHONE: _____

CAREGIVER OR CONTACT PERSON: _____

TELEPHONE(S): _____

ARE YOU A VETERAN?: YES NO Disability Type: _____

CIRCLE REQUESTED SERVICES BELOW

- | | |
|-------------------------------------|--------------------------------------------|
| A. INFORMATION & ASSISTANCE | V. NATIONAL FAMILY CAREGIVER SUPPORT PROGR |
| B. Employment Program | W. PENSION/INSURANCE COUNSELING |
| C. Adult Day care | X. Volunteers |
| D. Emergency Assistance | Y. Others _____ |
| E. Public Information/Education | Z. Medicare Part D Counseling |
| F. Home care/Companion | |
| G. Legal Assistance | |
| H. Disease Prevention | |
| I. Medication Management | |
| J. Foster Grandparents Program | |
| K. Elder Abuse Prevention | |
| L. Socialization/Recreation | |
| M. Transportation | |
| N. Medical Transportation | |
| O. Housing Programs | |
| P. Congregate Meals (C-1) | |
| Q. Home Delivered Meals (C-2) | |
| R. Retired Senior Volunteer Program | |
| S. Tax Counseling | |
| T. Ombudsman | |
| U. Health Education | |