

## Intake

Area Agency on Aging of \_\_\_\_\_

The information on this form is needed to provide services. All information is confidential and will be guarded against unofficial use and shared only to get services started or changed.

\*Release of Information and Client Rights and Responsibilities explained.

**Note:** All items marked with an asterisk (\*) are required.

### Part I – Recipient Identification

*Date:	SPURS ID No.:	Primary Language:		
*Last Name:	*First Name:	*MI:	*Date of Birth:	*Gender:
*Street Address and Apt. No.:	*City:	*State:	*ZIP Code:	*County:
*Area Code and Phone No.:	Email Address:			
<input type="checkbox"/> Check if Mailing Address is different from Home Address and enter Mailing Address below:				
*Street Address and Apt. No. or P.O. Box:	*City:	*State:	*ZIP Code:	*County:
* <b>Ethnicity</b> (Check One): <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown	* <b>Race</b> (Check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Non-Minority (White, Non-Hispanic) <input type="checkbox"/> White – Hispanic		* <b>Marital Status</b> (Check One): <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Never Married <input type="radio"/> Not Reported	
*Person lives alone? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	Total No. of People in Household:		Monthly Household Income:	
Use current Department of Health and Human Services Federal Poverty Guidelines for size of household to decide if person is at or below poverty.			*At or below poverty? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	
<b>Monthly Income from:</b>	<b>Participant</b>		<b>Spouse</b>	
Job				
Social Security				
Supplemental Security Income				
Veterans Affairs				
Other Sources				
Other Benefits [e.g., Supplemental Nutritional Assistance Program (SNAP)]				

**Part II – Service(s) Requested** (Completed by AAA or provider staff)

List of Requested Services:

Are you enrolled in?  Medicaid  Medicare

**Part III – Emergency Contact Information** (Completed by AAA or provider staff)

Contact Name:	Relationship:	Area Code and Phone No.:
Primary Care Physician:		Area Code and Phone No.:

**Part IV – Referral** (Completed by AAA or provider staff)

Referred by:

\_\_\_\_\_ \*Name of AAA or Provider Staff Completing Intake      \_\_\_\_\_ \*Date

**Part V – Nutrition Services** (Completed by AAA or provider staff)

\*Additional Eligibility Requirements if eligible person is under 60. Check which of the following applies:

- Eligible person is under 60 and the spouse of person 60 or older who takes part in the nutrition program.
- Eligible person is under 60, serves as volunteer at the nutrition site and the provider offers a meal according to AAA procedures.
- Eligible person is under 60, has a disability and lives in a housing facility occupied primarily by people 60 and over where congregate meals are served.
- Eligible person is under 60, has a disability, lives with a person eligible for a meal and the provider offers a meal according to AAA procedures.