



## MASTS AGING INTAKE FORM DPHHS/SLTCD

By providing this confidential information, we receive crucial funding for our meals and aging programs.  
You can still receive services if you do not complete this form in part or whole.

Date: \_\_\_\_\_ Client ID # \_\_\_\_\_ ☐ Updating

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: (If different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: (check all race categories that apply)

☐ White ☐ American Indian/Alaskan Native ☐ Asian American ☐ African American

☐ Native Hawaiian/Pacific Islander ☐ Other

Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino Gender: ☐ Female ☐ Male

Number in Household: \_\_\_\_\_ If two or more, is one person a caregiver? ☐ Yes ☐ No

Monthly Household Income (check the box that best represents your monthly household income)

1 ☐ Under \$1,012 2 ☐ Under \$1,372 3 ☐ Under \$1,732 4 ☐ Under \$2,092

5 ☐ Under \$2,452 6 ☐ Under \$2,812 7 ☐ Over \$3,172

Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No

If you are under 60 years of age, is your spouse over 60? ☐ Yes ☐ No

If you are under 60, are you disabled and living with someone over 60? ☐ Yes ☐ No

Emergency Contact Person

Relationship

Phone

MASTS S1 3/18



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Race: (check all race categories that apply)

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☐ Native Hawaiian/Pacific Islander ☐ Other

Ethnicity: ☐ Non-Hispanic/Latino ☐ Hispanic/Latino Gender: ☐ Female ☐ Male

Number in Household: \_\_\_\_\_ If two or more, is one person a caregiver? ☐ Yes ☐ No

Monthly Household Income (check the box that best represents your monthly household income)

1 ☐ Under \$1,005 2 ☐ Under \$1,353 3 ☐ Under \$1,702 4 ☐ Under \$2,050

5 ☐ Under \$2,398 6 ☐ Under \$2,747 7 ☐ Over \$2,747

Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No

If you are under 60 years of age, is your spouse over 60? ☐ Yes ☐ No

If you are under 60, are you disabled and living with someone over 60? ☐ Yes ☐ No

Emergency Contact Person

Relationship

Phone

MASTS S1 1/17