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 $3172

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

If client is receiving services under Nat'l Family Caregiver Support Program, *complete the following:*

Caregiver*:* ☐ Husband ☐ Wife ☐ Daughter/DIL ☐ Son/SIL ☐ Other Relative ☐ Other____

Grandparent: ☐ Grandparent ☐ Other elder relative ☐ Other elder non relative # Kids <19

Nutrition Screenings must be completed for all people receiving Congregate or Home Delivered Meals

Required In-Home Services Information - Complete if the client receives: *Personal care, Homemaker, Home chore, Home delivered meals, Adult day care, Case management, Respite, Caregiver support.*

1. **Needs Assistance with Activities of Daily Living (ADLs)**

☐ None ☐Eating ☐ Dressing ☐ Bathing ☐ Toileting ☐ Transferring ☐ Walking

2. **Needs Assistance with Instrumental Activities of Daily Living (IADLs)**

☐ None ☐ Meal preparation ☐ Money management ☐ Shopping ☐ Transportation

☐ Telephone use ☐ Medication management ☐ Light Housework ☐Heavy Housework

1PC 2HM 3HC 4HDM 5ADC 6CM 7C1 9AT 10TR 11LA 12NE 13IA 14OR 15SN 16FV 17HS 18SC 19HP 21R 22