



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 \$981 2 Under \$1,328 3 Under \$1,674 4 Under \$2,021

5 Under \$2,368 6 Under \$2,714 7 Over \$2,714

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