



AREA AGENCY ON AGING OF \_\_\_\_\_

CLIENT INTAKE AND SERVICE REQUEST FORM

(Items in **BOLD** must be completed)

Client Rights & Responsibilities and Release of Information have been clearly explained to the client.

Date: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Address: Street/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Check if Mailing Address is Home Address

Mailing Address: Street/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Home  Cell  Other  (Check One)

<b>Ethnicity (Check One):</b>	<b>Race (Check all that apply):</b>	<b>Marital Status (Check One):</b>
(1) Hispanic or Latino <input type="checkbox"/>	(1) White – Non Hispanic <input type="checkbox"/>	(1) Married <input type="checkbox"/>
(2) Not Hispanic or Latino <input type="checkbox"/>	(2) White – Hispanic <input type="checkbox"/>	(2) Widowed <input type="checkbox"/>
(3) Ethnicity Not Reported <input type="checkbox"/>	(3) American Indian/Alaska Native <input type="checkbox"/>	(3) Divorced <input type="checkbox"/>
	(4) Asian <input type="checkbox"/>	(4) Separated <input type="checkbox"/>
	(5) Black or African American <input type="checkbox"/>	(5) Never Married <input type="checkbox"/>
	(6) Native Hawaiian or Pacific Islander <input type="checkbox"/>	(6) Not Reported <input type="checkbox"/>
	(7) Persons Reporting Some Other Race <input type="checkbox"/>	
	(8) Race Not Reported <input type="checkbox"/>	

Does client live alone? Yes  No

Total Number of Family Members in Household Including Client: \_\_\_\_\_

Client living in poverty (Low Income)? Yes  No

Monthly Household Income: \$ \_\_\_\_\_ Low Income  Moderate Income  High Income

{Use Current Year Federal Poverty Guideline Levels for Low Income/Poverty}

Monthly Income from:	Individual	Spouse
Job	_____	_____
Social Security	_____	_____
SSI	_____	_____
VA	_____	_____
Other Sources	_____	_____
Other Benefits (e.g., Food Stamps)	_____	_____

Emergency Contact Information:

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Service(s) Requested: \_\_\_\_\_

Are you enrolled in?  Medicare - Medicare # \_\_\_\_\_  Medicaid - Medicaid # \_\_\_\_\_

Additional Information:

Referred By:

- |   |   |
|---|---|
| <input type="checkbox"/> Texas Department of Family & Protective Services (DFPS)        | <input type="checkbox"/> Home & Community Care Organization                         |
| <input type="checkbox"/> Texas Department of Assistive & Rehabilitative Services (DARS) | <input type="checkbox"/> Family Member <input type="checkbox"/> Doctor              |
| <input type="checkbox"/> Texas Department of Aging & Disability Services (DADS)         | <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Texas Department of State Health Services (DSHS)               | <input type="checkbox"/> Other: _____   |

**To be completed by AAA/provider staff:**

**Print name of AAA/provider staff completing Intake:** \_\_\_\_\_

**Nutrition Services: If participant is “other Older Americans Act(OAA) or Nutrition Service Incentive Program (NSIP) eligible participant under 60 years of age”, check which of the following applies:**

- |  |                          |
|--|--------------------------|
| (1) Spouse is eligible and participates in congregate or home delivered meal program.                                      | <input type="checkbox"/> |
| (2) Serves as volunteer at the nutrition site in accordance with OAA standards.  | <input type="checkbox"/> |
| (3) Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site. | <input type="checkbox"/> |
| (4) Disabled and lives with a 60+ person who is eligible for congregate or home delivered meal program.                    | <input type="checkbox"/> |