

AST TITLE VI  
ELDER INTAKE FORM

TODAY'S DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ VETERAN \_\_\_ YES \_\_\_ NO

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SINGLE \_\_\_ MARRIED \_\_\_ DIVORCED/SEPARATED \_\_\_ WIDOWED \_\_\_ WIDOWER \_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

NAME OF EMERGENCY CONTACT (1) \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF EMERGENCY CONTACT (2) \_\_\_\_\_ PHONE \_\_\_\_\_

**PRIMARY LANGUAGE** ENGLISH \_\_\_ TRIBAL \_\_\_ OTHER \_\_\_\_\_

**HOUSING** \_\_\_ HOUSE \_\_\_ APARTMENT \_\_\_ COMMUNITY HOUSING \_\_\_ OTHER EXPLAIN \_\_\_\_\_

**COMPOSITION** \_\_\_ LIVES ALONE \_\_\_ LIVES WITH SPOUSE \_\_\_ LIVES WITH FAMILY/FRIENDS

**NUMBER IN HOUSEHOLD** \_\_\_\_\_ **WHO HELPS** \_\_\_\_\_

**HEALTH HISTORY** \_\_\_ ASTHMA \_\_\_ ALZHEIMER'S \_\_\_ ARTHRITIS \_\_\_ CANCER \_\_\_ DEMINTIA

\_\_\_ DIABETES \_\_\_ CHRONIC PAIN \_\_\_ HEARING AID \_\_\_ CHOLESTEROL \_\_\_ BLOOD PRESSURE

**PRIMARY TRANSPORTATION** \_\_\_ Own Car \_\_\_ Friend \_\_\_ Public Trans. \_\_\_ Senior Tran's \_\_\_ Family

**PROSTHETIC DEVIACS** \_\_\_ Walker/Cane \_\_\_ Wheelchair \_\_\_ Hearing Aid \_\_\_ Glasses \_\_\_ Dentures \_\_\_ None

**ARE YOU ENROLLED WITH A DIFFERENT TITLE VI PROGRAM?** \_\_\_ YES \_\_\_ NO

**IF YES, NAME OF PROGRAM & WHERE LOCATED:** \_\_\_\_\_

**HEALTH CONCERNS** \_\_\_\_\_

**SERVICES CURRENTLY BEING RECEIVED** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

PROVIDE THE DATE OF YOUR VACCINATION COVID

19 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

BOOSTER \_\_\_\_\_

Johnson & Johnson \_\_\_\_\_ FLU \_\_\_\_\_