



## 2021-2022 Basic Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Intake Date: \_\_\_\_\_

### Contact & Demographic Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female  Other gender, not listed: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt, Unit, Floor #: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Apt, Unit, Floor #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Social History:

Marital Status:

Married  Domestic Partner  Divorced  Separated  Single  Widowed

Are you frail or disabled?  Frail  Disabled

Are you a veteran?  Yes  No

Do you live:  Alone  With Others

Race, select all that apply:

American Indian/Alaska Native  Native Hawaiian or Pacific Islander

Asian or Asian American  White

Black or African American  Other, not listed: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

**Financial:**

Number of people in your household (including you): \_\_\_\_\_

Is your income above or below the amount listed for your household size:

\_\_\_\_\_ Above \_\_\_\_\_ At/Below

Household Size	Monthly income	Annual Income
1	\$1,073	\$12,880
2	\$1,452	\$17,420
3	\$1,830	\$21,960
4	\$2,208	\$26,500
For each additional person, add \$4,540 to annual income.		

**Assistive Devices:**

Are you visually impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use any assistive devices? Select all that apply:

- \_\_\_\_\_ None                      \_\_\_\_\_ Ambulatory                      \_\_\_\_\_ Cane  
 \_\_\_\_\_ Crutches                      \_\_\_\_\_ Electric Scooter                      \_\_\_\_\_ Walker  
 \_\_\_\_\_ Wheelchair                      \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact:**

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

Phone: \_\_\_\_\_

**Disclosures and Waivers:**

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I herewith give my consent to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Office Use Only –</b>          (If filled out by assessor or via phone, assessor should check here and sign below ____)          Filled out by: _____ Date: _____</p>
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