



Title VI Senior Support/Meal Program Client Intake Form

(Updated 07/16 EF)

General Information:		Today's Date:	
Name:		New Intake or Update <i>(please select one)</i>	
Birth date:		Social Security #:	
Mailing Address:			
Home Number:		Cell Number:	
Email address:			
Sex: Male or Female		Veteran: Yes or No	
Emergency Contact Name:		Contact Number:	

Race: (please circle one)	American Indian or Alaska Native	Black or African American	Native Hawaiian or other Pacific Islander	
	White	Hispanic or Latino	Asian	
Marital Status:	Married	Divorced/Separated	Single	Widowed
Spouse's Name:			Spouse's DOB:	
Living status:	Live alone	Live with spouse	Live with children	Other
Type of Housing:	Own home	Rent home	Rent a room	Other
Activities of Daily Living: Please circle any activities below that you may need assistance with:				
Medication Management	Dressing/Bathing	Transferring in/out of bed/chair	Toileting	Walking
Preparing Meals	Shopping	Managing money	Housework	Eating
Health Information: Please circle any health conditions/concerns below that you experience.				
Asthma	Alzheimer's	Arthritis	Cancer	Chronic Pain
Dementia	Diabetes	Falls	Heart Disease	High Cholesterol
Vision	Hearing	Hypertension	Other:	

Dietary Information	Are you in need of home delivered meals? (frail or home-bound)*	Yes	No
*If yes, please state reason:			
Please list all Food Allergies (if any):			
Special Dietary Needs or Concerns:			

Physical Condition	Are you <u>under</u> the age of 60 and disabled? Are you <u>over</u> the age of 60 and disabled?	Yes Yes	No No
*If yes, please state disability:			
Physician's Name:			
Physician's Contact Number:			

Thank you for completing this form to be qualified for Senior Meals and Services. The data that you provide is used for Federal Title III and Title VI Grant purposes. These grants provide funds for the Senior Meal program in the villages. Please be assured that names and identifiers are not included in the reports, your information is protected by the Federal Freedom of Information Act, 5.U.S.C.502.

I certify that the above information is true to the best of my knowledge.

Signature _____ Date _____

Name and Title/Relationship of person completing this form on your behalf:

Signature: _____ Title/Relationship _____

Printed Name: _____