**2019 Basic Consumer Intake Form**

Updated March 1, 2018

| **Basic Client Information:** | | **Date of Assessment:** / / |
|---|---|---|
| *Last Name: | *First Name: | Middle Initial: |
| *Gender: ☐Male ☐Female ☐ Other | *Date of Birth: / / | *Age |
| **Residential Address:** | | |
| *Address Line 1: | *Address Line 2: | |
| *City: | *State: | *Zip: |
| *County: | Phone (Home): | |
| Phone (Mobile): | Phone (Work): | |
| Location Comments (Directions): | | |
| Email Address: | Are you receiving Medicaid? ☐Yes ☐No | |
| What is your marital status? ☐Married/Domestic Partner ☐Single ☐ Widowed | Are you a veteran? ☐Yes ☐No | |
| *Lives: ☐Alone ☐ With others | What is your primary language? | |
| *What is your race? | *Ethnicity? ☐Hispanic/Latino ☐ Not Hispanic/Latino | |
| *Are you visually impaired (cannot be corrected with glasses)? ☐Yes ☐No | | |
| How many people live in your household? | | |
| What is your monthly income? | What is your monthly household income? | |
| *If you live alone, is your individual monthly income below $1,012? ☐Yes ☐No | *If you have a spouse or partner, is your monthly household income below $1,372? ☐Yes ☐No | |
| **Mailing Address, if different from physical Address:** | | |
| Address Line 1: | Address Line 2 (Apt #, Unit #, Floor #): | |
| City: | State: | Zip: |
| Are you interested in receiving nutrition counseling? ☐Yes ☐No | | |
| How did you hear about our services? ☐AAA Brochure ☐AAA Newsletter ☐Channel 9 Senior Source (TV) ☐Congregate Meal Site ☐From a Current Client ☐From a Friend/Relative ☐Senior Fair ☐Walk-In ☐Web Site ☐Other_____ | | |
| Do you want to hear about other services? ☐ Yes ☐ No | If yes, how can we contact you? ☐ Email ☐ Mail ☐ Phone | |
| When is the best time to contact you? | Please tell us what services you would like to receive: | |
| | | |
| Do you use any assistive devices? ☐Yes ☐No | If so, which ones? _____ | |
| Emergency contact name | Relationship: | Phone Number: |

*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 provider and I herewith give my consent to do so. (If filled out by assessor or via phone, please have assessor check here and sign below ☐).*

Signature_____ Date_____