

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

A. CLIENT IDENTIFICATION		
Last Name		
First Name		
Middle Name		
Nickname		
Email Address		
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receives Care from NFCSP Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Requires Assistance in an Emergency	<input type="checkbox"/> Yes <i>(Specify)</i>	<input type="checkbox"/> No
Home Address		
Mailing Address		
Phone (1)		
Phone (2)		
B. CLIENT CONTACTS		
Primary Emergency Contact		
Relationship		
Address		
Phone		
Email		
Physician Contact		
Physician Type		
Address		
Phone		
Email		
Primary Caregiver		
Relationship		
Address		
Phone		
Email		
Personal Contact		
Relationship		
Address		
Phone		
Email		
C. CLIENT DEMOGRAPHICS		
Date of Birth		Age
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Transgender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <i>(Specify Type)</i>	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Not Applicable (N/A)	
Physical Disability	<i>(Specify)</i>	<input type="checkbox"/> N/A
Intellectual Disability	<i>(Specify)</i>	<input type="checkbox"/> N/A
Mental Illness	<i>(Specify)</i>	<input type="checkbox"/> N/A
Cerebral Palsy	<i>(Specify)</i>	<input type="checkbox"/> N/A
If < 60 Reason for Service	<input type="checkbox"/> Caregiver <input type="checkbox"/> Disabled <input type="checkbox"/> Meal Volunteer	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Spouse <input type="checkbox"/> N/A
Citizenship <i>(Specify)</i>		

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
 (Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

<i>Race (Specify)</i>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multiple	<i>Urban/Rural</i>	<input type="checkbox"/> Rural
<i>Ethnicity</i>	(Specify)	<i>Housing Type</i>	<input type="checkbox"/> House/Own <input type="checkbox"/> House/Rent <input type="checkbox"/> Apartment/Duplex <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other <input type="checkbox"/> None
<i>Primary Language</i>	(Specify)	<i>Lives With</i>	<input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other
<i>English Fluency</i>	<input type="checkbox"/> Needs Translation <input type="checkbox"/> Limited <input type="checkbox"/> Fluent	<i>Referral Source</i>	<input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Other: _____
<i>Literacy</i>	<input type="checkbox"/> In English <input type="checkbox"/> In Primary Language <input type="checkbox"/> In Both <input type="checkbox"/> Illiterate	<i>Sources of Support</i>	<input type="checkbox"/> Family <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Paid Help <input type="checkbox"/> Has help but unsure who provides help <input type="checkbox"/> Unknown
<i>Relationship Status</i>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Never Been Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner	<i>Assisted Transportation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Employment Status</i>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Un-Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Disabled	<i>Needs an Escort</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Veteran Status</i>	<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> No	<i>Primary Transportation</i>	<input type="checkbox"/> Owns Car <input type="checkbox"/> Aide <input type="checkbox"/> Friend <input type="checkbox"/> Public Transport <input type="checkbox"/> Senior Transport <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/> None

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
(Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Income Level					Receives Private Pension		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your income less than					Health Insurance			(Specify)
Unit Size	Per Month	Per Year	Yes	No	Medicare <input type="checkbox"/> Part A <input type="checkbox"/> Part B Claim No. _____ <input type="checkbox"/> None <input type="checkbox"/> Part D Claim No. _____ <input type="checkbox"/> None <input type="checkbox"/> Medicare Supplemental Claim No. _____ <input type="checkbox"/> None Medicaid <input type="checkbox"/> Yes Claim No. _____ <input type="checkbox"/> None Guardian/ Conservator <input type="checkbox"/> None <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Person/ Organization Holding Guardianship/ Conservatorship Guardian Conservator Type <input type="checkbox"/> Estate <input type="checkbox"/> Person <input type="checkbox"/> Both <input type="checkbox"/> Dementia Power <input type="checkbox"/> Medical Authority <input type="checkbox"/> None Durable Power of Attorney <input type="checkbox"/> Unknown <input type="checkbox"/> Limited <input type="checkbox"/> Health <input type="checkbox"/> Both <input type="checkbox"/> None			
One (1)	\$1,340.83	\$16,090.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Two (2)	\$1,814.16	\$21,770.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Three (3)	\$2,287.50	\$27,450.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Four (4)	\$2,760.83	\$33,130.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Five (5)	\$3,234.16	\$38,810.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Six (6)	\$3,707.50	\$44,490.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Seven (7)	\$4,180.83	\$50,170.00						
Is your combined income less than								
Unit Size	Per Month	Per Year	Yes	No				
Eight (8)	\$4,654.16	\$55,850.00						
<input type="checkbox"/> For families/households with more than 8 persons, add \$5,680 for each additional member. \$ _____								
Income Information		<input type="checkbox"/> Above 100% FPL <input type="checkbox"/> At or Below 100% FPL						
Financial Assets <i>(Refer to FAS Scale)</i>		<input type="checkbox"/> 29% to 49% below the poverty level <input type="checkbox"/> 50% to 74% below the poverty level <input type="checkbox"/> 75% or greater below the poverty level <input type="checkbox"/> N/A						
Receives Social Security		<input type="checkbox"/> None <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Dependent						

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
 (Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
 INTAKE, PROFILE AND REFERRAL (IPR) FORM
 PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistive Devices <i>(Specify)</i>	
D. CLIENT FUNCTIONAL ASSESSMENT		Mobility Devices <i>(Specify)</i>	
Impairment of Activities of Daily Living (ADL): Indicate the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues:		Impairment in Instrumental Activities of Daily Living (IADL): Indicate the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, stand-by assistance, supervision or cues:	
Transfer Mobility	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Preparing Meals	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent
Bathing	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Shopping for Personal Items	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent
Dressing	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Medication Management	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent
Toileting	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Managing Money	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent
Eating	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Using Telephone	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent
Ambulating (i.e. Walking)	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent	Doing Heavy Housework	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
 (Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Doing Light Housework	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent		
Transportation Ability <small>(Refers to the individual's ability to make use of available transportation without assistance)</small>	<input type="checkbox"/> Unknown <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance <input type="checkbox"/> Dependent		
Communication Skills Status			
Receptive	<input type="checkbox"/> Unknown <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Does Not Understand		
Expressive	<input type="checkbox"/> Unknown <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Cannot Be Understood		
Sensory Skills			
Vision	<input type="checkbox"/> Unknown <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Legally Blind <input type="checkbox"/> Blind <hr/> <input type="checkbox"/> Glasses <input type="checkbox"/> Other		
Hearing	<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Deaf <hr/> <input type="checkbox"/> Unknown <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other		
Support System	<input type="checkbox"/> Unknown <input type="checkbox"/> Support is Available <input type="checkbox"/> Minimum Support <input type="checkbox"/> No Support		
Housing	<input type="checkbox"/> Unknown <input type="checkbox"/> Full Concrete <input type="checkbox"/> Semi Concrete <input type="checkbox"/> Tin and Wood		
Homebound	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bedridden	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
E. AGING SERVICES REQUESTED			
<input type="checkbox"/> Adult Day Care (ADC) Services _____ <small>(Specify Center)</small>			
<input type="checkbox"/> Elderly Nutrition Program (ENP): <input type="checkbox"/> Congregate Meals (Center/Day Care) <input type="checkbox"/> Home-Delivered Meals (Homebound) Meal Type: <input type="checkbox"/> Regular <input type="checkbox"/> Mechanical <input type="checkbox"/> Chopped <input type="checkbox"/> Pureed/Blenderized <input type="checkbox"/> Special <i>(Provide document from physician or religious leader to certify special meal requirement)</i>			
<input type="checkbox"/> Case Management Services (CMS)			
<input type="checkbox"/> In-Home Services (IHS)			
<input type="checkbox"/> Legal Assistance Services (LAS) _____ <small>(Specify)</small>			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Expedite for ADC Admission</td> <td style="width:50%; text-align: center;">Received By/Date</td> </tr> </table>	Expedite for ADC Admission	Received By/Date
Expedite for ADC Admission	Received By/Date		
<input type="checkbox"/> National Family Caregiver Support Program (NFCSP)			

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
(Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Senior Center Operations (SCO)

(Specify Center)

- Has an individual with disability 18 and older who lives with the older individual
- Underage Spouse

Transportation Services (TSP)

- Walks with no assistance (Non-Assisted)
- Walks with assistance (Assisted)
- Field Trips
- Food Commodity (Center)
- Food Commodity (Non-Center)

Preventive Health

COMMENTS:

F. HIGH RISK CLIENTS UNDER EMERGENCY DECLARATION

A client is considered High Risk under Emergency Declaration if any of the following exists. This information shall be provided to the client's village mayor in preparation for emergencies. **Check all that apply.**

- Bedridden.
- Requires transportation and/or escort assistance for evacuation to shelter, e.g., those living alone.
- Requires refrigeration of medication and/or is insulin dependent.
- Requires oxygen.
- Lives in substandard housing.
- Lives in a low-lying area.
- Lives alone.
- Not Applicable.

G. ELIGIBILITY AND CONSENT OF CLIENT

Individuals age sixty (60) years and older are eligible for Title III programs under the Older Americans Act. This Act also prioritizes services for:

- ◆ Persons who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated; and
- ◆ Persons with greatest economic need and older individuals with greatest social needs (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas); and
- ◆ Older individuals with disabilities (with particular attention to individuals with severe disabilities).

Voluntary contributions to Title III programs are encouraged and used to expand services. Services may not be denied because the client will not or cannot contribute to the cost of the program.

I CERTIFY THE INFORMATION GIVEN BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND IT WILL BE KEPT CONFIDENTIAL AND USED ONLY TO HELP ME RECEIVE THE BENEFITS/SERVICES WHICH I MAY BE ENTITLED.

I HEREBY AUTHORIZE THE DISCLOSURE AND RELEASE OF THIS INFORMATION ONLY FOR THE PURPOSES FOR WHICH IT IS INTENDED. THIS AUTHORIZATION MAY BE REVOKED BY THE UNDERSIGNED AT ANY TIME BY GIVING WRITTEN NOTICE TO THE PARTIES AUTHORIZED HEREIN.

Signature of Client or Authorized Representative (AR)

Date

Relationship to Client, if AR

H. INTAKE INFORMATION

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
(Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Intake Worker	
Signature of Intake Worker	
Date/Time of Intake	
Organization	
Phone Number	
IPR Forwarded To <input type="checkbox"/> Case Management Services Program <input type="checkbox"/> Adult Day Care Services Program _____ (Specify Center) <input type="checkbox"/> In-Home Services Program <input type="checkbox"/> Elderly Nutrition Program (Home-Delivered Meals) <input type="checkbox"/> Elderly Nutrition Program (Congregate Meals) <input type="checkbox"/> Legal Assistance Services Program <input type="checkbox"/> Senior Center Operations Program _____ (Specify Center) <input type="checkbox"/> Transportation Services Program <input type="checkbox"/> National Family Caregiver Support Program <input type="checkbox"/> Preventive Health Program	
Forwarded By	
Date Forwarded	
Time Forwarded	
I. RECEIVING ORGANIZATION INFORMATION	

IPR Received By	
Date	
Time	
Date of Initial Contact with Client	
Time of Initial Contact with Client	
Time of Intake	
Organization	
Phone Number	

MyPlate 10 Health Eating Tips for People age 65+*

1. *Drink plenty of liquids.*
2. *Make eating a social event.*
3. *Plan healthy meals.*
4. *Know how much to eat.*
5. *Vary your vegetables.*
6. *Eat for your teeth and gums.*
7. *Use herbs and spices.*
8. *Keep food safe.*
9. *Read the Nutrition Facts label.*
10. *Ask your doctor about vitamins and supplements.*

**Ref.: <http://www.choosemyplate.gov/choosing-healthy-meals-you-get-older#sthash.PROfnx5z.dpuf>*

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
(Last, First, Middle Name)

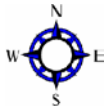
**SENIOR CITIZENS AGING SERVICES FY-2022
 INTAKE, PROFILE AND REFERRAL (IPR) FORM
 PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

J. CLIENT'S HOME

IF MAP IS SENT SEPARATELY, INCLUDE THE CLIENT'S NAME AND SSN AT TOP OF MAP

Does the home have an accessible driveway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you use a wheelchair, is there an accessible ramp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MAP TO THE CLIENT'S HOME
 In the box below, draw a map to the client's residence marking the client's home with an "X". Indicate the house number, street name and the village where the client is from. Include primary and secondary access roads, type and color of the house, if fenced, landmarks such as adjacent to or across from the village community center, store, bus stop, etc. ***All pets at your home shall be controlled by leash, cage, etc. in accordance with P.L. 22-13 and 26-76.***



CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
 (Last, First, Middle Name)

**SENIOR CITIZENS AGING SERVICES FY-2022
INTAKE, PROFILE AND REFERRAL (IPR) FORM
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.**

Financial Assets Scale (FAS)

(U.S. Department of Health and Human Services Poverty Guidelines for 2021)

Refer to Page 3 on IPR

Unit Size One (1)	Per Month \$1,340.83	Per Year \$16,090.00
29% to 49% below the poverty level	Earning between \$951.98 and \$683.82	Earning between \$11,423.90 and \$8,205.90
50% to 74% below the poverty level	Earning between \$670.41 and \$348.61	Earning between \$8,045.00 and \$4,183.40
75% or greater below the poverty level	Earning below \$335.20	Earning below \$4,022.50

Unit Size Two (2)	Per Month \$1,814.16	Per Year \$21,770.00
29% to 49% below the poverty level	Earning between \$1,288.05 and \$925.22	Earning between \$15,456.70 and \$11,102.70
50% to 74% below the poverty level	Earning between \$907.08 and \$471.68	Earning between \$10,885.00 and \$5,660.20
75% or greater below the poverty level	Earning below \$453.54	Earning below \$5,442.50

Unit Size Three (3)	Per Month \$2,287.50	Per Year \$27,450.00
29% to 49% below the poverty level	Earning between \$1,624.12 and \$1,166.62	Earning between \$19,489.50 and \$13,999.50
50% to 74% below the poverty level	Earning between \$1,143.75 and \$594.75	Earning between \$13,725.00 and \$7,137.00
75% or greater below the poverty level	Earning below \$571.87	Earning below \$6,862.50

Eight (8) or more in Family Unit Size, add \$473.33 per month or \$5,680 per year for each additional household member.

\$ _____

CLIENT'S NAME: _____ ID: _____ PROGRAM ID: _____
(Last, First, Middle Name)