

.D.C. Office on Aging/ADRC and its Senior Service Network Client Intake & Assessment Form				Type of Contact <input type="checkbox"/> 1 Site <input type="checkbox"/> 2 Home Visit <input type="checkbox"/> 3 Telephone <input type="checkbox"/> 4 Email
<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Repeat Contact <input type="checkbox"/> W/C Assistance				
Client Id #	Date Completed	Agency	Site	Interviewer
Last Name	First Name	Middle	Birth date	Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male
Address	Apt	Zip Code	Ward	Phone
Caller/Referred by:		Ambassador <input type="checkbox"/>		Caller is Consumer <input type="checkbox"/>
Referral Source (HCBS, Hospital, etc)	Type of Contact (Family, Consumer, caregiver, professional, other, unknown)	Last Name	First Name	Position/Relationship
Address Apt		Zip Code		Agency/Organization
Email		Phone	Alternate Phone	Fax
Emergency and/or Additional Contact				
Last Name	First Name	Middle	Phone	Alternate Phone
Address		Apt	Zip Code	Relationship

Emergency Need/Crisis Intervention, Special Instructions: _____

SERVICE NEEDS

Please check the desired or received service

Advocacy	DCOA	Education
Adult Protective Services	Address	Continuing Education
Crisis Intervention	Director	Library Services
Legal Assistance	Email Address	Literacy Program
Ombudsman	Main Number	Older Adult Learning Centers
	Staff	GED Locations
	WEB Site Assistance	
Employment	Financial Services	General Information
Job Skills/Training DCOA	Burial	Area Agency on Aging
Job Skills/Training ADRC	PEPCO	Credit Counseling
OWETP	Telephone	DMV (drivers & non-Drivers)
DDS/RSA	Cell	Eldercare Locator
RSVP	Credit Card	Outreach
NCBA	Gas	Recreation
Volunteering	Prescriptions	Socialization
Health	Rental	Special Events
Clinics		Tax Help

Dental Services	Water	Translations – Language Line
Durable Medical Equipment	Moving/Storage	Veterans Information
Hearing Impaired/Deaf Services	Energy	
Mental Health Evaluation	Medical Equipment (Purchase)	
Mental Health Services	TANF	
Vision Services	Cable	In-Home Support
Wellness Information		Age In Place
Psychiatric Services	Housing	Senior Villages
Insurance (Other)	Home Repair	Chore Aide
	Appliances Replacement	Companionship
Insurance	Furnace Repair/Replacement	Heavy Duty House Cleaning
HICP	Affordable (Subsidizes)	Hoarding
IDA	Affordable (Market)	Home Health Aide
Medicaid	Assisted Living Facilities	Homemaker
Medicaid EPD	Community Residential Facilities	House Calls
Medicaid MR/DD	Housing Counseling	Personal Care Aide
Medicare	Foreclosure	Visiting Nurse
Medical Bills	Homeless	Yard Work
Social Security	Shelter	Snow Removal
SSI	Senior Housing Information	
Benefits Counseling	ADA Housing (Disable)	
	Eviction	
Nutrition		
Congregate Meals	Lead Agency/ADRC	Long Term Care Special Program
Food Stamp/SNAP	Ward 1	Diabetes Self Management
Home Delivery Meals	Ward 2	MFP/ Transition
Meals on Wheels	Ward 3	LTC Options Counseling
Commodity Supplemental Food Pro.	Ward 4	Adult Day Care
Share Food	Ward 5	Alzheimer's
Weekend Meals Programs	Ward 6	Care Assessment
Food Bank	Ward 7	Case Management
	Ward 8	Caregiver Institute
Transportation	Social Worker (ADRC)	Caregiver Respite Program
Call "N" Ride	Social Worker (ADRC)	Life Safety Systems
Escort Services	Social Worker (ADRC)	EPD Wavier
Metro Access	Social Worker (ADRC)	MR/DD Wavier
Private Vehicles	Social Worker (ADRC)	Nursing Home
WEHTS		Lifespan Respite Care Program
Ambulance Transport	Miscellaneous	Hospital Discharge
Taxi Cabs (Wheelchair)	Home Visits (ADRC)	
Metro Bus (Disable)	Home Visits (I & A)	
Metro Bus Seniors)	Grocery Shopping	
Metro Rail (Disable)	Wrong Number	
Metro Rail (Seniors)		
Other Agencies	DMH	DC City Council
EOM	DCPS	DOES
DHCF	OCTO	OAPI
DHS	DOH	DC Representative
D Human Rights	DPW	EMS
DCHA	OPC	MPD
DCRA	SSA	AOA
DHR	VA	RSA
DoE	DDS	OTA
	OCFO	DCSC

Please Check All That Apply and Answer "Other" When Necessary

Marital Status <input type="checkbox"/> 1 Never Married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5 Divorced <input type="checkbox"/> 6 Refused	Household Composition <input type="checkbox"/> 1 Lives Alone <input type="checkbox"/> 2 With Spouse <input type="checkbox"/> 3 With Children <input type="checkbox"/> 4 With Other Relatives <input type="checkbox"/> 5 Other, Specify _____ _____	Housing Arrangement <input type="checkbox"/> 1 Homeowner <input type="checkbox"/> 2 Renter (Private) <input type="checkbox"/> 3 Rent Senior Housing <input type="checkbox"/> 4 Rent Public Housing <input type="checkbox"/> 5 Group Home or CRF <input type="checkbox"/> 6 Nursing Home <input type="checkbox"/> 7 Homeless <input type="checkbox"/> 8 Other	Race <input type="checkbox"/> African American <input type="checkbox"/> White Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Income Sources <input type="checkbox"/> 1 Salary <input type="checkbox"/> 2 Pension <input type="checkbox"/> 3 Investments <input type="checkbox"/> 4 No Income <input type="checkbox"/> 5 SSI <input type="checkbox"/> 6 SSDI <input type="checkbox"/> 7 Other _____ _____	Benefits Receiving <input type="checkbox"/> 1 Medicaid <input type="checkbox"/> 2 Medicare <input type="checkbox"/> 3 SSI <input type="checkbox"/> 4 SSA <input type="checkbox"/> 5 Food Stamps <input type="checkbox"/> 6 Veterans Benefits <input type="checkbox"/> 7 Public Assistance <input type="checkbox"/> 8 Other _____	2013 Federal Poverty Guidelines Household Size - Annual Income 1 Person \$14,937 2 Persons \$20,163 3 Persons \$25,389 4 Persons \$30,615 5 Persons \$35,841 6 Persons \$41,067 Are You At or Below Poverty Level? <input type="checkbox"/> Y Yes <input type="checkbox"/> N No	

Check one or more of the following instruments and activities of daily living which you are NOT ABLE to perform without personal assistance, stand-by assistance, supervision or cues.

Instruments of Daily Living <input type="checkbox"/> 1 Preparing Meals <input type="checkbox"/> 2 Shopping for Personal Items <input type="checkbox"/> 3 Medication Reminders or Supervision <input type="checkbox"/> 4 Money Management <input type="checkbox"/> 5 Use of Telephone <input type="checkbox"/> 6 Heavy Housework <input type="checkbox"/> 7 Light Housework <input type="checkbox"/> 8 Transportation Ability <input type="checkbox"/> 9 Recreation <input type="checkbox"/> 10 Able to Perform Activities Without Assistance <input type="checkbox"/> 11 Not required for this client	Activities of Daily Living <input type="checkbox"/> 1 Eating <input type="checkbox"/> 2 Dressing <input type="checkbox"/> 3 Grooming <input type="checkbox"/> 4 Bathing <input type="checkbox"/> 5 Toileting <input type="checkbox"/> 6 Transferring to or from a Wheelchair/Bed <input type="checkbox"/> 7 Walking <input type="checkbox"/> 8 Mobility <input type="checkbox"/> 9 Communicating <input type="checkbox"/> 10 Personal Care Attendant Management <input type="checkbox"/> 11 Able to Perform Activities Without Assistance
Disability Type Medical _____ Mental _____ MR/DD/ID _____ Multiple Disabilities _____ Physical _____ Traumatic Brain Injury _____ Unspecified Disability _____ Visual _____ None _____ Unknown _____	How would you describe yourself? <input type="checkbox"/> Straight/heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Transgender <input type="checkbox"/> Refused

Primary Language spoken at home. Receive correspondence in that language? √ for Yes
 English ___ Spanish ___ Vietnamese ___ Korean ___ Chinese (any dialect) ___ Amharic ___ French ___
 Other (Specify) _____

REFERRALS (ADRC ONLY)

Check if no referral is made

Last Name	First Name	Position	Agency/Organization	Date/Time of Referral
Address		Zip Code	Phone	Fax
Email		Follow Up	Date of Follow up	Resolution
Notes				

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Quality Assurance (ADRC ONLY)

Did Client receive all requested services and Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:
Corrective Action Plan:
Due date: