D.C. Department of Aging and Community Living and its Senior Service Network Client Intake & Assessment Form

☐ **New** ☐ **Update** ☐ **Repeat Contact** ☐ **W/C Assistance** ☐ **EPD Wavier**

Type of Contact
☐ 1 Site
☐ 2 Home Visit
☐ 3 Telephone
☐ 4 Email

Client Id #	**Date Completed**	**Agency**	**Site**	**Interviewer**

Last Name	**First Name**	**Middle**	**Birth date**	**Gender** ☐ F Female ☐ Male ☐ Other

Address	**Apt**	**Zip Code**	**Ward**	**Phone** (h) (c)

Email

Primary Language spoken at home. Receive correspondence in that language? ☐ √ for Yes
English ___Spanish ___ Vietnamese ___ Korean ___Chinese (any dialect) ___Amharic ___ French ____
Other (Specify) _____

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

Marital Status
☐ 1 Never Married
☐ 2 Married
☐ 3 Widowed
☐ 4 Separated
☐ 5 Divorced
☐ 6 Refused

Veteran
☐ Yes
☐ No

Household Composition
☐ 1 Lives Alone
☐ 2 With Spouse
☐ 3 With Children
☐ 4 With Other Relatives
☐ 5 Other, Specify

Number in Household

Property Taxes:
Current ☐ Yes ☐ No

Housing Arrangement
☐ 1 Homeowner
☐ 2 Renter (Private)
☐ 3 Rent Senior Housing
☐ 4 Rent Public Housing
☐ 5 Group Home or CRF
☐ 6 Nursing Home
☐ 7 Homeless
☐ 8 Other

Race
☐ African American
☐ White Hispanic
☐ Asian
☐ White Non-Hispanic
☐ American Indian
☐ Native Hawaiian or Other Pacific Islander
☐ Other Race

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Income Sources
☐ 1 Salary
☐ 2 Pension
☐ 3 Investments
☐ 4 No Income
☐ 5 SSI
☐ 6 SSDI
☐ 7 Other _____

Benefits Receiving
☐ 1 Medicaid
☐ 2 Medicare
☐ 3 SSI
☐ 4 SSA
☐ 5 Food Stamps
☐ 6 Veterans Benefits
☐ 7 Public Assistance
☐ 8 Other _____

2020 Federal Poverty Guidelines
Household Size - Annual Income
1 Person $12,760
2 Persons $17,240
3 Persons $21,720
4 Persons $26,200
5 Persons $30,680
6 Persons $35,160

Monthly Household Income

Are You At or Below Poverty Level?
☐ Yes ☐ 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	**Activities of Daily Living**
☐ 1 Preparing Meals	☐ 1 Eating
☐ 2 Shopping for Personal Items	☐ 2 Dressing
☐ 3 Medication Reminders or Supervision	☐ 3 Grooming
☐ 4 Money Management	☐ 4 Bathing
☐ 5 Use of Telephone	☐ 5 Toileting
☐ 6 Heavy Housework	☐ 6 Transferring to or from a Wheelchair/Bed
☐ 7 Light Housework	☐ 7 Walking
☐ 8 Transportation Ability	☐ 8 Mobility

Client ID: **Date of Birth:**

☐ 9 Recreation ☐ 10 Able to Perform Activities Without Assistance ☐ 11 Not required for this client	☐ 9 Communicating ☐ 10 Personal Care Attendant Management ☐ 11 Able to Perform Activities Without Assistance

Is the Client Frail? ☐ Yes ☐ No ☐ Unknown *(A) unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cues, or supervision; or (B) due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual*[1]

☐ **Disability Type(s):**

How would you describe yourself?
- ☐ Straight/heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bi-sexual
- ☐ Transgender
- ☐ Refused

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**
Phone			**Alternate Phone**	**Fax**
Email				

Emergency and/or Additional Contact

Last Name	**First Name**	**Middle**	**Phone**	**Alternate Phone**
Address	**Apt**	**Zip Code**	**Relationship** ☐ Husband ☐ Wife ☐ Domestic Partner Including Civil Union ☐Daughter/ Daughter-in-law ☐ Son/Son-in-law ☐ Sister / Brother ☐ Other Relative ☐ Non-Relative	**Email**

Emergency Need/Crisis Intervention, Special Instructions:

[1] Older Americans Act of 1965 as amended, Section 102(22)(A)(i), 102(22)(B)