

## Missoula Aging Services Client Intake Form

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_  M  F  Other

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ My Caregiver: Y / N

<p><b><u>Race:</u></b></p> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander	<p><b><u>Are you Hispanic?</u></b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><b><u>Are you a Veteran?</u></b></p> <input type="checkbox"/> Yes, honorably discharged <input type="checkbox"/> No	<p><b><u>Marital Status:</u></b></p> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Living Separately <input type="checkbox"/> Single <input type="checkbox"/> Widowed
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How many people Live in your household: \_\_\_\_\_ Monthly Household Income \$

I am currently on Social Security Disability (Below 65):  Yes  No

I am under 60 and my spouse is over 60, or I am under 60 and disabled living with someone over 60:  Yes  No

Living arrangement:  RENTER  HOMEOWNER, MORTGAGE  HOMEOWNER, NO MORTGAGE

Health status:  POOR HEALTH  GOOD HEALTH  EXCELLENT HEALTH

Medicaid status:  On Medicaid- Medicaid number: \_\_\_\_\_  Not on Medicaid

I would like to opt in to have my homebound status shared in emergency:  Yes  No

<p><b><u>I am a caregiver for:</u></b></p> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Daughter/Daughter in law <input type="checkbox"/> Son/Son in law <input type="checkbox"/> Other Relative <input type="checkbox"/> Disabled Adult Child <input type="checkbox"/> Other	<p><b><u>I care for children as a:</u></b></p> <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative Number of children under 18? _____ Number of Disabled Children 18-59? _____
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<p><b><u>I sometimes need help with the following:</u></b></p> <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Dressing <input type="checkbox"/> Transferring <input type="checkbox"/> Bathing <input type="checkbox"/> Walking <input type="checkbox"/> None	<p><b><u>I sometimes need help with the following:</u></b></p> <input type="checkbox"/> Meal prep <input type="checkbox"/> Telephone use <input type="checkbox"/> Money Management <input type="checkbox"/> Med Management <input type="checkbox"/> Shopping <input type="checkbox"/> Light Housework <input type="checkbox"/> Transportation <input type="checkbox"/> Heavy Housework <input type="checkbox"/> None
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**Nutrition Risk Assessment** (only required for MOW, Congregate, and Supplement clients)

Please check the appropriate response to the statements below:      **Yes**      **No**

- |   |   |
|---|---|
| I have an illness that affects the kind and/or amount of food I eat. -----    | 2 |
| I eat less than 2 meals per day. -----  | 3 |
| I eat less than 3 servings of fruits or vegetables a day. -----               | 1 |
| I eat or drink less than 3 servings of dairy products a day. -----            | 1 |
| I drink less than 5 cups (8 oz. each) of fluid a day. -----                   | 2 |
| I have 3 or more alcohol drinks almost every day. -----                       | 2 |
| I have a tooth or mouth problems that make it hard for me to eat. -----       | 2 |
| I don't always have enough money to buy the food I need. -----                | 4 |
| I eat alone most of the time, or have few opportunities to socialize. -----   | 1 |
| I take 3 or more different prescribed or over-the-counter drugs a day. -----  | 1 |
| Without wanting to, I have lost or gained 10 lbs. in the last 6 months. ----- | 2 |
| I am not always physically able to shop, cook and/or feed myself. -----       | 2 |

0-2 = *Low risk*  
 3-5 = *Moderate risk*  
 6+ = *High risk*

DATA ENTRY COMPLETED (Office Use Only):	Capstone	ServTracker	Date & Initial:
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