AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this important information to research the needs of older Iowans. Thank you for providing your information.

Today's Date:

Last Name: **First:** **MI:**

Date of Birth: / / or **Age:**

Address: **City:** **State:** **Zip:**

Home Phone: ( ) **Cell Phone:** ( ) **Email:**

Demographic Information

Do you live alone? ☐ Yes ☐ No **Number in Household:**

Please Check Your Annual Total Household Income Range:

☐ $0 - $11,880 ☐ $11,881 - $16,020 ☐ $16,021 - $20,160
☐ $20,161- $24,300 ☐ $24,301 - $28,440 ☐ $28,441 - $32,580
☐ $32,581- $36,730 ☐ $36,731 - $40,890 ☐ $40,891 - or Above

Veteran Status: ☐ Veteran ☐ Veteran Dependent/Spouse

Gender: ☐ Male ☐ Female ☐ Transgender

Race: ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ African American/Black
☐ Native Hawaiian/Other Pacific Islander

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Primary Language: ☐ English Other:

Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?

☐ Yes ☐ No ☐ Don't Know

In the past 30 days, how often were these statements true:

I have worried whether my food would run out before I got money to buy more.

☐ Often ☐ Sometimes ☐ Never

The food that I bought just didn't last and I didn't have money to get more.

☐ Often ☐ Sometimes ☐ Never

Iowa Department on AGING

AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

Consumer: _____

During the <u>past 7 days</u>, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	☐	☐	☐	☐
Manage your medications?	☐	☐	☐	☐
Prepare meals?	☐	☐	☐	☐
Use transportation ?	☐	☐	☐	☐
IADL – Data Entry:	Independent	Sometimes dependent or limited assistance	Totally dependent	

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	☐	☐	☐	☐
Do heavy housework?	☐	☐	☐	☐
Do light housework?	☐	☐	☐	☐
Use the telephone?	☐	☐	☐	☐
IADL – Data Entry:	Independent	Sometimes dependent or limited assistance	Totally dependent	

During the <u>past 7 days</u>, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	☐	☐	☐
Bathe?	☐	☐	☐
Dress?	☐	☐	☐
Get Out Of Bed Or Chair?	☐	☐	☐
Use the toilet?	☐	☐	☐
Eat?	☐	☐	☐

Iowa Department on AGING

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Consumer: _____

ADL – Data Entry:	Independent	Sometimes dependent or limited assistance	Totally dependent

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Consumer: _____

This section to be completed by provider.

Provider / Site:

New Intake Form: ☐ **Updated Intake Form:** ☐

Check the box next to the service provided:

☐ Adult Day Care /Day Health	☐ Assisted Transportation	☐ Chore
☐ Evidence-Based Health Activity	☐ Health Promotion & Disease Prevention	
☐ Homemaker	☐ Material Aid	☐ Nutrition Education
☐ Options Counseling	☐ Personal Care	☐ Transportation
☐ EAPA Consultation	☐ EAPA Assessment & Intervention	