

ABSENTEE SHAWNEE TITLE VI ELDER INTAKE FORM

TODAY'S DATE _____ REFERRAL SOURCE _____

LAST NAME _____ FIRST NAME _____ MI _____

DATE OF BIRTH _____ MALE ___ FEMALE ___ VETERAN ___ YES ___ NO

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

SINGLE ___ MARRIED ___ DIVORCED/SEPARATED ___ WIDOWED ___ WIDOWER _____

SPOUSE'S NAME _____ SPOUSE'S DATE OF BIRTH _____

EMAIL ADDRESS _____

NAME OF EMERGENCY CONTACT (1) _____ PHONE _____

NAME OF EMERGENCY CONTACT (2) _____ PHONE _____

PRIMARY LANGUAGE ENGLISH ___ TRIBAL ___ OTHER _____

HOUSING ___ HOUSE ___ APARTMENT ___ COMMUNITY HOUSING ___ OTHER EXPLAIN _____

COMPOSITION ___ LIVES ALONE ___ LIVES WITH SPOUSE ___ LIVES WITH FAMILY/FRIENDS

NUMBER IN HOUSEHOLD _____ **WHO HELPS** _____

GRANDCHILDREN IN THE HOUSEHOLD? _____ IF YES, HOW MANY _____

HEALTH HISTORY ___ ASTHMA ___ ALZHEIMER'S ___ ARTHRITIS ___ CANCER ___ DEMINTIA
___ DIABETES ___ CHRONIC PAIN ___ HEARING AID ___ CHOLESTEROL ___ BLOOD PRESSURE

PRIMARY TRANSPORTATION ___ Own Car ___ Friend ___ Public Trans. ___ Senior Tran's ___ Family

PROSTHETIC DEVI ECS ___ Walker/Cane ___ Wheelchair ___ Hearing Aid ___ Glasses ___ Dentures ___ None

ARE YOU ENROLLED WITH A DIFFERENT TITLE VI PROGRAM? ___ YES ___ NO

IF YES, NAME OF PROGRAM & WHERE LOCATED: _____

HEALTH CONCERNS _____

SERVICES CURRENTLY BEING RECEIVED _____

PROVIDE THE DATE OF YOUR VACCINATION COVID 19

1st _____ 2nd _____ BOOSTER _____

Johnson & Johnson _____ FLU _____

NAME OF YOUR TRIBE:
