

NAME OF YOUR TRIBE:

DATE OF REC'D

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 DEVIECS 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