



# AGING INTAKE FORM DPHHS / Montana Senior Long Term Care

October 2021- September 2022

ANNUAL UPDATE

Thank you, the data collected, supplies funding for aging programs in our community. All information will be confidential, and you'll receive services regardless of your answers.

CAPSTONE CLIENT SECTION

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ MI \_\_\_\_\_  M  F  Other

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

RACE

- White
- Black/African American
- Asian/Asian American
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

ARE YOU HISPANIC?

- Yes
- No

MARITAL STATUS

- Divorced
- Married
- Living Separately
- Single
- Widowed

VETERAN

- Yes, Honorably Discharged
- No

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (if different) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT	PHONE	RELATIONSHIP	MY CAREGIVER
			<input type="radio"/> YES <input type="radio"/> NO

SERVICE INTAKE ASSESSMENT

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD:  MONTHLY HOUSEHOLD INCOME IS BELOW: (select 1)  
 \$1,132  \$1,525  \$1,919  ABOVE or N/A

I AM CURRENTLY ON SOCIAL SECURITY DISABILITY (below 65)?  YES  NO

I AM A CAREGIVER FOR...

- Husband
- Wife
- Daughter / Daughter in Law
- Son / Son in Law
- Other Relative
- Disabled Adult Child (18-59)
- Other

I CARE FOR CHILDREN AS A...

- Grandparent
- Other Relative
- Other non-relative
- Number of children under 18 (Skip if you are a parent)
- Number of disabled children 18-59 (May be a parent)

- I am **under** 60 and my spouse is **over** 60
  - I am **under** 60, **disabled and living** with someone **over** 60?
- (Your birthdate above will tell us if you are over 60).

THANK YOU, THE REST WILL BE COMPLETED BY STAFF.

COMPLETE IF THE CLIENT RECEIVES

Adult Day Care, Respite, Caregiver Support, Case Management, Home Delivered Meals, Home Chore, Homemaker, Personal Care, & Skilled Nursing

ADLs Activities of Daily Living

- None
- Eating  Toileting
- Dressing  Transferring
- Bathing  Walking

Instrumental Activities of Daily Living

- None
- Meal prep  Telephone use
- Money Manage  Med Management
- Shopping  Light Housework
- Transportation  Heavy Housework

Completing this form helps sustain aging programs in your community.