AGING RESOURCES of Central Iowa
The Experts on Aging

Older Americans Act Services Intake Form FY2027

Today's Date: / /	**Preferred Phone:**	
First Name:	**Last Name:**	**MI:**
Date of Birth: / /	**Email:**	
Address:		
City:	**State:**	**Zip:**

The following data is asked by our funders and will not be disclosed by name.

Gender: ☐ Female ☐ Male ☐ Other

Primary Language: ☐ English ☐ Other:

Check the racial categories that apply to you:

☐ White ☐ Asian ☐ African American/Black ☐ American Indian/Alaskan Native

☐ Native Hawaiian/Other Pacific Islander ☐ Other:

Are you Hispanic or Latino? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Do you live alone? ☐ Yes ☐ No

If Yes, check your annual household ☐ <$15,960 ☐ $15,960-$47,880 ☐ >$47,880

If No, is your annual household income more than:

If 2 people, then check you household income here ☐ <$21,640 ☐ $21,640-$64,920 ☐ >$64,920

If 3 people, then check you household income here ☐ <$27,320 ☐ $27,320-$81,960 ☐ >$81,960

If 4 people, then check you household income here ☐ <$33,000 ☐ $33,000-$99,000 ☐ >$99,000

If 5 people, then check you household income here ☐ <$38,680 ☐ $38,680-$116,040 ☐ >$116,040

If 6 people or more, check you household income here ☐ <$44,360 ☐ $44,360-$133,080 ☐ >$133,080

Are you interested in learning about any other services?

☐ Meals ☐ Transportation ☐ Nutrition Counseling ☐ Legal Assistance ☐ Caregiver Support

☐ Options to Stay at Home ☐ Options to Return to Home ☐ Health & Fitness Classes

Would you like an Information Specialist from Aging Resources to call you? ☐ Yes ☐ No

Help us serve you better by answering the following questions.

Consumer Name: _____

Do you need help with any of these?

	I did not need help	I needed help sometimes	I always needed help	Activity did not occur
Cleaning your house	☐	☐	☐	☐
Managing Medications	☐	☐	☐	☐
Managing your money/ paying Bills	☐	☐	☐	☐
Preparing Meals	☐	☐	☐	☐

IADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

	I did not need help	I needed help sometimes	I always needed help	Activity did not occur
Shopping	☐	☐	☐	☐
Sort, Load, Wash, Dry, and Fold Laundry	☐	☐	☐	☐
Using the Telephone	☐	☐	☐	☐
Using Transportation/Car	☐	☐	☐	☐

IADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

During the past 7 days, did you need help:	I did not need help	I needed help sometimes	I always needed help	Activity did not occur
Bathing / Showering	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Getting Dressed	☐	☐	☐	☐
Getting out/in chair /bed	☐	☐	☐	☐
Getting to toilet on time	☐	☐	☐	☐
Using the toilet	☐	☐	☐	☐

IADL Data Entry: Independent Sometimes dependent/limited assistance Totally dependent

For Internal Use

Provider:

Service Provided:

☐ New Intake ☐ Updated Intake Form