



# Older Americans Act Services Intake Form FY2026

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: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you live alone?        ☐ Yes ☐ No

If Yes, is your annual household income more than \$15,650        ☐ Yes ☐ No

If No, is your annual household income more than:

If 2 people, is your annual household income more than \$21,150?        ☐ Yes ☐ No

If 3 people, is your annual household income more than \$26,650?        ☐ Yes ☐ No

If 4 people, is your annual household income more than \$32,150?        ☐ Yes ☐ No

If 5 people, is your annual household income more than \$37,650?        ☐ Yes ☐ No

If 6 or more people, is your annual household income more than \$43,150?        ☐ Yes ☐ No

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 & Wellness 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 didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Cleaning your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Bathing / Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting Dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting out/in chair /bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to toilet on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

For Internal Use

Provider:

Service Provided: