

# WEST VIRGINIA BUREAU OF SENIOR SERVICES CLIENT INTAKE FORM

## 1. GENERAL INFORMATION

<b>*1. Date of Assessment:</b>		<b>*2. Worker:</b>	
<b>3. Type of Assessment:</b> <input type="checkbox"/> 1=Initial <input type="checkbox"/> 2=Reassessment	<b>4. Action:</b> <input type="checkbox"/> 1=Modify client record <input type="checkbox"/> 2=Inactivate client		<b>5. Type of Contact:</b> <input type="checkbox"/> 1=In Office <input type="checkbox"/> 2=In Field <input type="checkbox"/> 3=By Telephone
<b>Name</b>			
*6.a. Last Name:		*6.b. First Name:	6.c. Middle Initial:
6.d. "Also known as" first name:			
<b>*7. Date of birth:</b>		<b>*8. Gender:</b> <input type="checkbox"/> M=Male <input type="checkbox"/> F=Female	
<b>Residential Address</b>			
9.a. Street address: _____			
9.b. City: _____		9.c. State: _____	9.d. Zip: _____
<b>Mailing Address</b>			
10.a. Street address or post office box: _____			
10.b. City: _____		10.c. State: _____	10.d. Zip: _____
<b>11. Telephone:</b> (        )		<b>*12. Speaks English:</b> <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=No	
<b>13. Language limitations:</b> <input type="checkbox"/> 1=Does not read <input type="checkbox"/> 2=Read only <input type="checkbox"/> 3=Read/Write yes <input type="checkbox"/> 4=Read/Write limited			
<b>*14. Marital Status:</b> <input type="checkbox"/> 1=Married <input type="checkbox"/> 2=Single <input type="checkbox"/> 3=Widowed <input type="checkbox"/> 4=Separated			
<b>*15. Race:</b> <input type="checkbox"/> 1=White, non-Hispanic <input type="checkbox"/> 2=White-Hispanic <input type="checkbox"/> 3=American Indian/Native Alaskan <input type="checkbox"/> 4=Asian <input type="checkbox"/> 5=Black/African American <input type="checkbox"/> 6=Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 7=Other			
<b>*16. Ethnicity:</b> <input type="checkbox"/> 1=Hispanic or Latino <input type="checkbox"/> 2=Not Hispanic or Latino			
<b>*17. Current Living Arrangement:</b> <input type="checkbox"/> 1=Alone <input type="checkbox"/> 2=w/Spouse <input type="checkbox"/> 3=w/Child <input type="checkbox"/> 4=w/Relative <input type="checkbox"/> 5=w/Non-Relative			
<b>*18. Current monthly income:</b> \$		<b>*19. Number in household:</b> <input type="checkbox"/> 1=One <input type="checkbox"/> 2=Two <input type="checkbox"/> 3=Three <input type="checkbox"/> 4=Four <input type="checkbox"/> 5=Five <input type="checkbox"/> 6=Six or more	
<b>*20. Income level below the national poverty level:</b> <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=No			
<b>*21. Transportation:</b> <input type="checkbox"/> 1=Has car <input type="checkbox"/> 2=Public <input type="checkbox"/> 3=Senior Citizens Center <input type="checkbox"/> 4=Family/Friends <input type="checkbox"/> 5=None			
<b>*22. Demonstrates "Greatest Social Need":</b> <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=No			
<b>23. If FAIR/III-E Caregiver, Relationship to Care Receiver:</b> <input type="checkbox"/> 1=Husband <input type="checkbox"/> 2=Wife <input type="checkbox"/> 3=Son/Son-in-law <input type="checkbox"/> 4=Daughter/Daughter-in-law <input type="checkbox"/> 5=Other Relative <input type="checkbox"/> 6=Non-Relative			
<b>*24. Client is a Veteran:</b> <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=No		<b>Emergency Contact</b>	
Signature: _____		Name: _____	
		Relation: _____	
		Telephone: _____	
		Type: _____ (Home, Mobile, Work, Other)	

\*Required information.

