Wichita and Affiliated Tribes
AOA

Senior Intake Form

Date: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Phone: House_____, Cell _____

Birthdate: _____

Emergency contact/address:

_____

_____

Emergency Phone number:_____

Address: _____

City: _____

State:_____ Zip code:_____

E-mail: _____

Directions to home:

.....

( ) Delivery *(We deliver your meals)*

( ) Congregate

Client Information

Social Security number: _____ Birthdate_____ Female [ ] Male [ ] Veteran Y [ ] N [ ]

Race [ ] Native American Tribal Affiliation _____ [ ] Alaskan Native [ ] Native Hawaiian [ ]

Other: _____

Primary Language: _____ Secondary Language:_____

Marital Status: _____ Education: _____

Housing Composition:

[ ] lives alone [ ] with spouse [ ] with Family [ ] with friend [ ] other _____

Housing Type: [ ] House [ ] Apartment [ ] Duplex [ ] Residential Care Facility [ ] Other_____

Number in household: _____ (every whom resides in home)

Transportation: [ ] Drives [ ] Spouse [ ] family [ ] friend [ ] Public/Senior transportation [ ] None

Prosthetic Devices:

[ ] Walker [ ] Cane [ ] Hearing Aid [ ] Dentures [ ] Wheelchair [ ] Glasses [ ] Artificial Limb [ ] Other: _____

_____

IN CASE OF EMERGENCY:

[ ] Day [ ] Night Name: _____ Cell: _____

Address:_____ Work:_____

Cty/St/Z:_____ Home:_____

Relationship:_____

[ ] Day [ ] Night Name: _____ Cell: _____

Address:_____ Work:_____

Cty/St/Z:_____ Home:_____

Relationship:_____

HEALTH PROBLEMS:

_____
_____
_____
_____
_____
_____

MEDICATIONS:

_____
_____
_____

Allergic to: _____ effect: _____
_____ effect: _____

TRIBAL AFFILIATION:

Member of the _____

Copy of CDIB on file yes [ ] No [ ]

Signatures:

AOA Participant: _____ *Date:* _____

AOA Outreach Worker: _____ *Date:* _____

Do not write below line

.....

Date:_____

Applicant approved for: _____

Applicant disapproved: _____

Other:_____

_____
_____
_____
_____
_____
_____
_____

{ } Delivery

{ } Congregate

CHECK LIST:

Delivery

- ☐ Doctor Statement (Disable, homebound, handicap)
- ☐ CDIB/Driver's license/State ID
- ☐ Proof of residency
- ☐ Medicare/Medicaid/3rd Party Insurance
- ☐ _____

Congregate

- ☐ CDIB/Driver's License/State ID
- ☐ Proof of residency
- ☐ Medicare/Medicaid/3rd Party Insurance
- ☐ _____