

Consumer Characteristics

Basic Information **Circle One:** **HDM** **Congregate** **Transportation**

Name (Last, First, Middle Initial) Date of Birth Form Date

Physical Address City State Zip Code

Mailing Address (if different than physical) City State Zip Code

Contact Information

Phone Number Email

Emergency Contact

Name Relationship Phone Number

Demographics

Race (Check all that apply)	Gender	Ethnicity	Individuals	Income	
<input type="checkbox"/> Alaskan Native/American Indian	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	in home	Annual	Monthly
<input type="checkbox"/> Asian/Asian American	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	1	\$16,990	\$1,416
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino	2	\$22,890	\$1,908
<input type="checkbox"/> Native Hawaiian/Pacific Islander	Minority Status		3	\$28,790	\$2,399
<input type="checkbox"/> Non-Minority (white, non-Hispanic)	<input type="checkbox"/> Minority	Do you live alone?	4	\$34,690	\$2,891
<input type="checkbox"/> White Hispanic	<input type="checkbox"/> Non-Minority		<input type="checkbox"/> Yes <input type="checkbox"/> No	5	\$40,490
Are you a Veteran?			Is household income at or below the above income guide?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Ability and Assistance

If you use personal or stand-by assistance, supervision, or cues to perform the following activities please check the corresponding box. Check all the apply.

<p>Instrumental Activities of Daily Living (IADLs)</p> <input type="checkbox"/> Preparing Meals <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Medication management <input type="checkbox"/> Managing money <input type="checkbox"/> Using telephone <input type="checkbox"/> Doing laundry <input type="checkbox"/> Doing light housework <input type="checkbox"/> Using available transportation	<p>Activities of Daily Living (ADLs)</p> <input type="checkbox"/> Feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Continence <input type="checkbox"/> Transferring in/out of bed/chair <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting
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Are you Diabetic? Yes No
Preferr Milk or Juice? Milk Juice

Do you have food allergies? Yes No
 If yes, please describe allergies:

Has Alzheimer's or Related Dementia/Disorder (ADRD):
 Yes No Don't Know
Has Traumatic or Acquired Brain Injury (TABI):
 Yes No Don't Know
 Total score from your Nutritional Health
 (required for home delivered meals)

Employee Initials **Date**

For Adult Day Services (ADS) Consumers Only

Indicate Payment Source:
 Adult Day Services (ADS) Grant
 Medicaid Waiver
 Private Pay