



AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this important information to research the needs of older Iowans. Thank you for providing your information.

Today's Date: _____
First Name: _____ **MI:** _____ **Last Name:** _____
Date of Birth: ____/____/____ or **Age:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Home Phone: (____) _____ **Cell Phone:** (____) _____ **Email:** _____

Demographic Information

Do you live alone? Yes No **Number in Household:** _____

Please Check Your Annual Total Household Income Range:

<input type="checkbox"/> \$0 - \$12,060	<input type="checkbox"/> \$12,061 - \$16,240	<input type="checkbox"/> \$16,241 - \$20,420
<input type="checkbox"/> \$20,421 - \$24,600	<input type="checkbox"/> \$24,601 - \$28,780	<input type="checkbox"/> \$28,781 - \$32,960
<input type="checkbox"/> \$32,961 - \$37,140	<input type="checkbox"/> \$37,141 - \$41,320	<input type="checkbox"/> \$41,321 - or Above

Veteran Status: Veteran Veteran Spouse/Dependent

Gender: Male Female Transgender

Race: White American Indian/Alaskan Native Asian African American/Black
 Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Primary Language: English Other: _____

Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?

Yes No Don't Know

In the past 30 days, how often were these statements true:

I have worried whether my food would run out before I got money to buy more.

Often Sometimes Never

The food that I bought just didn't last and I didn't have money to get more.

Often Sometimes Never



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Consumer: _____

During the past 7 days, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your medications?	<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"/>
Use transportation ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do heavy housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do light housework?	<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"/>
<i>IADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent	

During the past 7 days, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Out Of Bed Or Chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADL – Data Entry:</i>	Independent	Sometimes dependent or limited assistance	Totally dependent