

# Basic Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

## Contact & Demographic Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female  Other gender not listed: \_\_\_\_\_

Home Address Line 1: \_\_\_\_\_

Line 2 (Apt/Unit/Floor #): \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Line 2 (Apt/Unit/Floor #): \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Comments (additional directions for home or mailing address):  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary language:  English  Spanish  Other: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race, select all that apply:

American Indian/Alaska Native  Native Hawaiian or Pacific Islander

Asian or Asian American  White

Black or African American  Other not listed: \_\_\_\_\_

Do you live:  Alone  With Others

Number of people in your household (including you): \_\_\_\_\_

Is your income above or below the amount listed for your household size:

Above  At/Below

Household Size	Monthly Income	Annual Income
1	\$1,133	\$13,590
2	\$1,526	\$18,310
3	\$1,919	\$23,030
4	\$2,313	\$27,750

For each additional person, add \$4,540 to annual income

**Emergency Contact:**

**Primary Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you visually impaired (can't be corrected with glasses)?  Yes  No

**Do you use any assistive devices? Select all that apply:**

- None
- Ambulatory
- Cane
- Crutches
- Electric Scooter
- Walker
- Wheelchair
- Other: \_\_\_\_\_

Health Insurance (select all that apply):  Medicaid  Medicare  Other  None

**Interest in Other Services:**

Are you interested in learning about nutrition and a healthy diet?  Yes  No

Would you like to hear about other services?  Yes  No

If yes, how can we contact you?  Email  Mail  Phone

What services are you interested in? \_\_\_\_\_

**Disclosures and Waivers**

*I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only –**

*(If filled out by assessor or via phone, please have assessor check here and sign below )*

Filled Out By: \_\_\_\_\_ Date: \_\_\_\_\_

## **Client Information and FAQs Sheet**

We are so glad you found us! Please keep this information for your records.

### **Provider and Area Agency on Aging Information:**

**Your local Area Agency on Aging: *Upper Arkansas Area Agency on Aging***

### **What is an Area Agency on Aging?**

We're glad you asked! The Area Agency on Aging (AAA) is a regional agency that is designated by the state to administer federal, state, and local funding to meet the needs of older adults in their community. The AAA provides programs and services to older adults and caregivers directly and through contracts with community provider agencies. AAAs also serve as advocates for older adults.

### **Service Information:**

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

### **What is the purpose of this form?**

We ask you to fill-in this form for several reasons:

- To help us learn about you so we can offer services that best meet your needs
- To help us understand the needs of older adults in our community
- To help us show the need for funding our programs
- To help us meet reporting requirements from our funders

Taxpayer money funds these programs. We must prove that the funding only serves eligible clients and targets older adults and caregivers most in need of services. This paperwork helps us meet that level of accountability.

Income information is not used to determine your eligibility for services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. None of your personal information, such as your name or date of birth is disclosed in reporting. You have the right to refuse to provide any of the information requested on the form.

### **What happens with my information?**

We enter your information into a secure state database. As you receive services, we record the services you received in the database. This helps us prove how we spent

the funding. The database is secured to the standards outlined in Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This means your data remains safe and confidential.

**Will you sell my information?**

No. We will never sell your information.

**How do I provide feedback?**

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at **719-539-3341** or **tom.mcconaghy@uaacog.com**. Because we value your input, we may at times send you a survey to ask for your feedback.

**How do I file a complaint, grievance, or appeal?**

Complaint/Grievance/Appeal Procedure:

You have the right to file a complaint or grievance with the organization asking you to fill out this form. If you are not satisfied with the organization's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request by contacting your local AAA and/or the SUA as follows:

<p><b>Upper Arkansas Area Agency on Aging</b> <b>139 E 3<sup>rd</sup> St</b> <b>Salida, CO 81201</b> <b>719-539-3341</b> <b>Tom.mcconaghy@uaacog.com</b></p>	<p><b>Colorado Department of Human Services, State Unit on Aging</b> 1575 Sherman Street, 10<sup>th</sup> Floor Denver, CO 80203 303.866.2800</p>
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**Can I make a donation?**

We accept donations and gifts to contribute towards the cost of services and to support our efforts. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services.

You can send to donations to **UAACOG, 139 E 3<sup>rd</sup> St, Salida, CO 81201**

**What other resources are available?**

Feel free to reach out to your Area Agency on Aging to get more information about the services available in your region. We love to help!

**Services available in our region include: *Financial aid for dental and vision procedures, in home safety related repairs, meals on wheel, congregate meals, in home assistance, respite services, and legal services.***

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

## How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers and members of our Regional Advisory Councils. Reach out to either your provider or your AAA to see how you can help make a difference in the lives of older adults in our community.