

# Senior Home Repair Intake Form

Please complete this form to the best of your ability.  
Items Marked with asterisk (\*) are required.

For Office:  
\*Unique Participant ID: \_\_\_\_\_  
Intake Date: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_  
\*Termination Date: \_\_\_\_\_  
\*Reason: \_\_\_\_\_

Eligibility:  
 Age 60+ Verified By \_\_\_\_\_  
 GSN (Great Social Need)  
 GEN(Greatest Economic Need)  
  
 Wait list  
 Points Assigned \_\_\_\_\_

## Title IIIB Residential Repair/Modifications

First Name, Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 Decline to State

Mailing Address: Same As Residential?  Yes City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 Decline to State

Home Phone: ( ) \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
Alternate Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*Living Arrangement**  
**# of household members**   
 Alone  Not Alone  
 Declined to State  Missing

**\*What is your approximate household income?**  
\$ \_\_\_\_\_ per  month  year  Declined to State

**Receiving Social Security?**  
 Yes  No  Decline to State  Missing

**\*Rural Area?**  
 Yes  No  
 Declined to State

**Marital Status?**  
 Married  Widowed  
 Legally Separated  Divorced  
 Single  Missing  
 Declined to state  
**Spouses/Partners Name:** \_\_\_\_\_

**Female Head of Household?**  
 Yes  No  Decline to State  Missing

**Medicare Eligible?**  
 Yes  No  Decline to State  Missing

**Tribal Member?**  
 Yes  No  Decline to State  Missing

**Homebound?**  
 Yes  
 No

**Frail?**  
 Yes  
 No

**Referred Senior To:**  
Wx \_\_\_\_\_ 211  
Senior Nutrition \_\_\_\_\_ Other \_\_\_\_\_

**What is your gender? (Check only one)**  
 Male  Female  Transgender Female to Male  Transgender Male to Female  
 Genderqueer/Gender Non-binary  Not Listed, please specify: \_\_\_\_\_  Declined/not stated

**What was your sex at birth? (Check only one)**  
 Male  Female  
 Declined/not stated

**How do you describe your sexual orientation or sexual identity (Check only one)**  
 Straight/Heterosexual  Bisexual  Gay/Lesbian/Same-Gender Loving  
 Questioning/Unsure  Not Listed, please specify: \_\_\_\_\_  
 Declined/not stated

**\*Ethnicity (Check One)**  
 Hispanic/Latino  Non-Hispanic/Latino  
 Decline to State  Missing

**Language:**  
 English speaking  
 Non-English/Language: \_\_\_\_\_

**\*Race (Check One)**  
 White  Black/African American  American Indian/Alaska Native  Asian Indian  White Hispanic  
 Cambodian  Korean  Chinese  Laotian  Filipino  
 Japanese  Vietnamese  Guamanian  Hawaiian  Samoan  
 Other Pacific Islander  Other Race  Multiple Race  Other Asian  Declined to State  Missing

**Abused? Neglected? Exploited?**  Yes  No  Decline to State  Missing

**Disabled?**  Yes  No  Decline to State  Missing

**US Citizen?**  Yes  No  Decline to State  Missing

**Veteran?**  Yes  No  Decline to State  Missing **Veteran Dependent?**  Yes  No  Decline to State  Missing

**Cognitive Impairment?**  None  Mild  Moderate  Early onset Dementia  Severe  UNK  Decline to state  Missing

**Employment Status?**  Full Time  Part Time  Retired  None  Unemployed  UNK  Decline to State  Missing