

COMANCHE ELDER CENTER CONGREGATE INTAKE FORM

DATE: _____ **(Need Proof of Residence & ID for Intake)**

First Name: _____ Last Name: _____

Date of Birth: _____

CONTACT INFORMATION Street Address:

City: _____ State: _____ Zip Code: _____

Current Telephone #: _____

Contact Telephone #: _____

SPOUSE & EMERGENCY CONTACT INFORMATION

Marital Status: Married ____ Single ____ Divorced/Separated ____

Widowed ____ Unknown ____

Spouse's Name: _____

Spouse's Date of Birth: _____ Height: ____ Weight: _____

Name of Emergency Contact (1): _____

Telephone #: _____

Name of Emergency Contact (2): _____

Telephone #: _____

INFORMATION

Primary Language: Tribal ____ English ____ Spanish ____ Other ____

Preferred Communication method: Written ____ Oral ____

Does the elder have basic literacy skill (to perform simple & everyday activities)?

Yes__ No __

HOUSING INFORMATION

Type of Housing: Home ____ Apartment ____ Community Housing ____ Other ____

Housing Composition: Lives with Spouse ____ Lives with Family/Friends ____

Number in Household: _____

Grandchildren in household? Yes ____ No ____ If yes, how many Grandchildren? ____

DIETARY INFORMATION

In need of Home-Delivered Meals (FRAIL or HOME-BOUND): Yes ____ No ____

Special Dietary Considerations:

HEALTH INFORMATION

Elder has the following Chronic Health Concerns:

____ Asthma ____ Alzheimer's ____ Arthritis ____ Cancer ____ Chronic Pain ____ Falls

____ Dementia ____ Diabetes ____ Heart Disease ____ High Cholesterol ____ Hypertension

____ Other:

MISCELLANEOUS

Primary Transportation: ____ Provides Own Transportation ____ Relies on Family/Friends

____ Uses Tribal Transit Transportation ____ Other ____ Unknown

Elders Concerns:

Services the Elder needs or is interested in:
