



# Client Intake for Elder Services

## Thriving in Place Initiative

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Referral: \_\_\_\_\_ Town of \_\_\_\_\_  
 Source: \_\_\_\_\_ Residence: \_\_\_\_\_

Age Group							
50-64	65-74	75-84	85-89	90-95	96 - 99	100+	

Current Living Arrangement			
Own Home	2+ Generation Home	Rental	Other:

Role(s) – check all that apply				
Elder	Caregiver	Spouse	Other Family Member	Other:

AREAS OF CONCERN			
Chronic Disease Management	Dementia	Other Mental Health Issues	
Medications	Finding Healthcare Provider	Cancer Patient Support	
Health Insurance	Medicaid	Hospice	
Goold Assessment	Home Health Care	Long Term Care	
Return Home After Hospital	POLST/DNR	Estate Planning	
Legal Issues	POA	Advance Directive	
Financial Organization	Credit card and other Debts	Monthly Bill Management	
Housing Repairs	Housing Affordability	Rental Housing	
Utilities and Heat	Accessibility equipment & Home Accommodations for Disabilities		
Cleaning help	Cooking/Meal Help	Food Security	
Transportation	RX or Grocery delivery	Nutrition for Disease Mgt	
Revoking Driver Privileges	Social Connection/visits	Check-in request	
Caregiver Support Group	Respite Options		

Provider/Client Agreement		
I, _____ understand :		
		Initial below
1.	I give permission for the E.S. Navigator to follow up with me and the referred agencies at least once after our initial meeting.	
2.	With my permission, and based on the information provided, the E.S. Navigator will share my needs with other parts of WHCA, or make referrals to other agencies for services they may be able to provide.	

Signature and Contact Information				
Client's Signature _____		date _____		
Navigator's Signature _____		date _____		
Printed Client's Name _____		Printed Navigator's Name _____		
Mailing Address:				
Street _____		City _____	Zip code _____	
Email: _____				
Home Phone: _____		Cell Phone: _____		
Preferred method of Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	
May we leave messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Next Steps	
1.	
2.	
3.	
4.	
5.	