



AGING INTAKE FORM DPHHS / Montana Senior Long Term Care

October 2021- September 2022



ANNUAL UPDATE

Thank you, the data collected, supplies funding for aging programs in our community. All information will be confidential, and you'll receive services regardless of your answers.

CAPSTONE CLIENT SECTION

FIRST _____ LAST _____ MI _____ M F Other

Birth Date ____/____/____ PHONE: (____) _____

RACE

- White
- Black/African American
- Asian/Asian American
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

ARE YOU HISPANIC?

- Yes
 - No
- VETERAN
- Yes, Honorably Discharged
 - No

MARITAL STATUS

- Divorced
- Married
- Living Separately
- Single
- Widowed

EMAIL: _____

STREET ADDRESS: _____

MAILING ADDRESS: (if different) _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT	PHONE	RELATIONSHIP	MY CAREGIVER
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YES NO

INTAKE ASSESSMENT

Number of people in your household: _____

Our MONTHLY Household Income is: ABOVE BELOW
the corresponding amount in the box >>

Monthly Amounts for # People in HH:			
1	2	3	More
\$1,255	\$1,703	\$2,152	add \$448/person

I AM CURRENTLY ON SOCIAL SECURITY DISABILITY (below 65)? YES NO

I AM A CAREGIVER FOR...

- CAREGIVER
- Husband
 - Wife
 - Daughter / Daughter in Law
 - Son / Son in Law
 - Other Relative
 - Disabled Adult Child (18-59)
 - Other

I CARE FOR CHILDREN AS A...

- Grandparent
- Other Relative
- Other non-relative

Number of children under 18 (Skip if you are a parent)

Number of disabled children 18-59 (May be a parent)

SERV

I am **under** 60 and my spouse is **over** 60

I am **under** 60, **disabled and living** with someone **over** 60?

(Your birthdate above will tell us if you are over 60).

THANK YOU, THE REST WILL BE COMPLETED BY STAFF.

COMPLETE IF THE CLIENT RECEIVES

Adult Day Care, Respite, Caregiver Support, Case Management, Home Delivered Meals, Home Chore, Homemaker, Personal Care, & Skilled Nursing

ADLs Activities of Daily Living

- None
- Eating
- Dressing
- Bathing
- Toileting
- Transferring
- Walking

Instrumental Activities of Daily Living

- None
- Meal prep
- Money Manage
- Shopping
- Transportation
- Telephone use
- Med Management
- Light Housework
- Heavy Housework

Completing this form helps sustain aging programs in your community.