COLVILLE INDIAN AREA AGENCY ON AGING
CLIENT INTAKE FORM
(EACH SENIOR SHOULD COMPLETE A FORM)
Tel: 509-634-2758 Fax: 509-634-2793

TYPE OF CONTACT:
____Home Visit
____Personal Contact
____Other

Omak District Elder Assistant	Laverne Gorr	509-422-7452
Nespelem District Elder Assistant	Leona Swawilla	509-634-2187
Keller District Senior Mealsite		509-634-2829
Inchelium District Elder Assistant	Valerie Ferguson	509-722-7008

IN ORDER TO COMPLY WITH PROGRAM REQUIREMENTS AND OBTAIN DATA TO ADVOCATE FOR THE SENIORS ON OUR RESERVATION, I NEED YOUR ASSISTANCE AND INPUT.

I HAVE COMBINED ALL NEEDED INFORMATION INTO ONE FORM. THIS FORM FULFILLS OUR PROGRAM REQUIREMENT, AND PROVIDES ME WITH ACCURATE DATA INFORMATION FOR GRANT/CONTRACT APPLICATIONS AND REPORTING PURPOSES. INFORMATION USED FOR GRANT APPLICATIONS IS IN COLLECTIVE FORM AND ABSOLUTELY NO NAMES ARE MENTIONED. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

NAME _____ DATE OF BIRTH_____
SPOUSES NAME_____ DATE OF BIRTH_____
MAILING ADDRESS_____CITY_____ ZIP_____
PHONE/MESSAGE NUMBER_____SOCIAL SECURITY NUMBER: _____-_____-_____
ENROLLED COLVILLE MEMBER? YES [ ] NO [ ] OTHER INDIAN? [ ] YES [ ] NO
MARITAL STATUS? [ ] MARRIED [ ] WIDOWED [ ] DIVORCED [ ] SINGLE
IF MARRIED: IS SPOUSE ENROLLED COLVILLE MEMBER? [ ] YES [ ] NO
OTHER INDIAN? [ ] YES [ ] NO
MILITARY VETERAN? [ ] YES [ ] NO SERVICE DATES: _____
INDIVIDUAL TO BE NOTIFIED IN CASE OF EMERGENCY:
NAME_____ADDRESS_____PHONE_____

HOUSING:
HOUSING LOCATION (GIVE EXACT DIRECTION TO HOUSE – STREET, HOUSE NUMBERS, ROAD, HOUSE COLOR)
_____
TYPE OF HOME YOU ARE LIVING IN: HUD HOUSE [ ] STANDARD TRAILER HOUSE [ ]
SENIOR APARTMENT/COMPLEX [ ] STANDARD PRIVATE HOME [ ]
HOUSING STATUS: OWN/BUYING HOME [ ] RENT HOME [ ] OTHER [ ]
TYPE OF HEAT IN YOUR HOME (CHECK ALL TYPES THAT YOU HAVE): _____OIL _____SOLAR
_____PROPANE _____ELECTRIC _____WOOD STOVE _____PELLET STOVE

LIVING STATUS [ ] LIVE ALONE [ ] LIVE WITH SPOUSE [ ] LIVE WITH CHILDREN
CHILDREN/GRANDCHILDREN LIVE WITH ME_____OTHER_____

ARE THERE PERSON(S) LIVING WITH YOU OR PERSON(S) AVAILABLE WHO CAN:

PREPARE MEALS?	[ ] SELF	[ ] YES	[ ] NO
DO LIGHT HOUSEWORK?	[ ] SELF	[ ] YES	[ ] NO
CHOP AND STACK WOOD?	[ ] SELF	[ ] YES	[ ] NO

NUTRITION: WHAT MEALS DO YOU EAT EVERY DAY?

BREAKFAST _____ LUNCH _____DINNER_____ SNACK_____

DO YOU ATTEND THE SENIOR MEAL SITE? [ ] YES [ ] NO

OMAK _____ NESPELEM _____ KELLER _____ __ INCHELIUM_____

DO YOU REQUIRE HOME DELIVERED MEALS? [ ] YES [ ] NO

WHY?_____

DO YOU REQUIRE A SPECIAL DIET? [ ] YES [ ] NO

_____

IF YOU DO NOT USE EITHER, WHAT IS THE REASON?

_____NO TRANSPORTATION _____LIVE OUT OF SERVICE AREA

_____CAN PREPARE OWN MEALS _____RELATIVES/FRIENDS PREPARE MEALS

LIST ALL PERSONS AND ALL INCOME OF PERSONS LIVING IN HOUSEHOLD (INCLUDE SELF):

NAME	AGE	TRIBE	MONTHLY INCOME	SOURCE

TOTAL MONTHLY INCOME FOR HOUSEHOLD: $_____

SOURCES OF YOUR INCOME (CHECK ALL THAT APPLY):

[ ] EMPLOYMENT [ ] SOCIAL SECURITY [ ] VETERANS BENEFIT

[ ] SUPPLEMENTAL SECURITY (SSI) [ ] AFDC, GA, WELFARE [ ] UNEMPLOYMENT

[ ] PENSION/RETIREMENT [ ] DISABILITY BENEFITS [ ] OTHER

HEALTH PROBLEMS (CHECK ALL THAT APPLY):

☐DIABETES ☐HYPERTENSION ☐HEART PROBLEMS ☐ARTHRITIS

☐STROKE ☐EMPHYSEMA ☐ASTHMA ☐VISION ☐CANCER

☐HEARING ☐HIGH CHOLESTEROL ☐LUPUS ☐LUNGS ☐INJURY

☐OTHER (Describe):_____

ACTIVITIES OF DAILY LIVING (ADL'S) DEGREE OF ASSISTANCE: 1-NONE, 2-SOME, 3-MUCH, 4-CAN NOT DO

_____BATHING _____EATING _____GETTING PLACES

_____COOKING _____CHORE _____BUSINESS AFFAIRS

_____DRESSING _____WALKING _____HEAVY HOUSEWORK

_____SHOPPING _____PHONE OTHER: _____

TRANSPORTATION:

DO YOU HAVE ADEQUATE TRANSPORTATION TO MEDICAL APPOINTMENTS: [ ] YES [ ] NO

DO YOU EVER MISS MEDICAL APPOINTMENTS DUE TO NO TRANSPORTATION? [ ] YES [ ] NO

DO YOU HAVE ADEQUATE TRANSPORTATION TO DO GROCERY SHOPPING? [ ] YES [ ] NO

DO YOU HAVE TRANSPORTATION TO AND FROM SENIOR MEAL SITE? [ ] YES [ ] NO

DO YOU OWN A VEHICLE? [ ] YES [ ] NO, IF NO, DO YOU RELY ON: [ ] FAMILY [ ] CHR [ ] OTHER

SERVICES: DO YOU RECEIVE: LOW INCOME ENERGY ASSISTANCE: [ ] YES [ ] NO
IN-HOME CARE [ ] YES [ ] NO FOOD DISTRIBUTION (COMMODITIES) [ ] YES [ ] NO
FOOD STAMPS [ ] YES [ ] NO CHORE SERVICES [ ] YES [ ] NO
WHAT SERVICES WOULD YOU LIKE TO RECEIVE THAT YOU ARE NOT CURRENTLY RECEIVING?
_____
_____

EMPLOYMENT STATUS: [ ] EMPLOYED [ ] UNEMPLOYED [ ] RETIRED [ ] HOMEMAKER
IF UNEMPLOYED OR RETIRED, ARE YOU INTERESTED IN PART TIME_____ OR FULL TIME_____
EMPLOYMENT? IF YES, WHAT TYPE OF EMPLOYMENT?_____
_____

EDUCATION: HIGHEST GRADE COMPLETED: ☐GRADE 1-6 ☐GRADE 7-9 ☐GRADE 10-12
☐HIGH SCHOOL DIPOLMA/GED ☐VOCATIONAL TRAINING ☐ COLLEGE

"FOR COLVILLE TRIBAL MEMBERS ONLY" More info: Contact LIHEAP office *(509) 634-2769 or 634-2770*

DO YOU WISH TO APPLY FOR THE **SENIOR HEATING ASSISTANCE PROGRAM**? [ ] YES [ ] NO

*What type(s) of fuel do you use to heat your home? (Check all types)
[]Electric []Wood []Propane []Oil []Wood Pellets []Other:_____

* You can only **receive help with ONE type of fuel……!CHECK WITH ONE!**
[]Electric []Wood []Propane []Oil []Wood Pellets []Other:_____

* If you checked firewood, what length of wood do you need: []14" []16"

* If you want assistance with electric, propane, oil, or pellets….name your fuel supplier & submit a copy of your fuel bill: Fuel supplier:_____ Account number:_____

IN APPLYING FOR THE SENIOR HEATING PROGRAM, I AGREE THAT I WILL USE MY ENERGY BENEFIT FOR HEATING AND/OR COOKING PURPOSES IN MY HOME. I WILL NOT GIVE AWAY THE FIREWOOD OR WOOD PELLETS OR SELL IT TO ANOTHER HOUSEHOLD OR IT MAY JEOPARDIZE MY ELIGIBILITY FOR FUTURE SEASONS. THE SENIOR HEATING PROGRAM **DOES NOT** SUPPLY YOUR TOTAL NEED OF FUEL FOR THE WINTER; IT IS ONLY A **"SUPPLEMENTAL"** PROGRAM.

(LIHEAP OFFICE USE ONLY)
DATE_____ APPROVED_____
DISAPPROVED_____REASON FOR DENIAL:_____
_____
Type of fuel:_____ Electric, firewood, propane, oil, wood pellets, other

APPLICANT'S SIGNATURE: _____ DATE:_____

COMMENTS:_____
_____
_____