|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COLVILLE INDIAN AREA AGENCY ON AGING** |  |  |  | TYPE OF CONTACT: |
| **CLIENT INTAKE FORM/ Senior Heating Application** |  |  |  | \_\_\_\_Home Visit |
| **(EACH SENIOR SHOULD COMPLETE A FORM)** |  |  |  | \_\_\_\_Personal Contact |
| **Tel: 509-634-2758 Fax: 509-634-2793** |  |  |  | \_\_\_\_Other |

|  |  |
| --- | --- |
| ELECTRIC [] | WOOD PELLETS [] |
| WOOD [] | OIL [] |
| PROPANE []  | OTHER [] |

|  |  |
| --- | --- |
| Date Faxed |  |
| Date Mailed |  |
| Date Emailed |  |

 Omak District Elder Assistant Billie Taylor 509-422-7452

 Nespelem District Elder Assistant Leona Swawilla 509-634-2187

 Keller District Senior Meal site Tracy Peone 509-634-2829

 Inchelium District Elder Assistant Audrey Seymour 509-722-7008

 Sr Heating Staff Assistant Castina Jordan 509-634-2769

 Sr Heating Manager Dorothy Palmer 509-634-2770

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 [ ]

SR APARTMENT/COMPLEX [ ] STANDARD PRIVATE HOME [ ] SUB-STANDARD 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 [ ] N 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*

 *[CCT member, 55 yrs. old and/or disabled, head of household, living on or near the Colville Reservation]*

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 which 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.**

DATE\_\_\_\_\_\_\_\_\_ APPROVED\_\_\_\_\_

DISAPPROVED\_\_\_\_\_REASON FOR DENIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of fuel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Electric, firewood, propane, oil, wood pellets, other

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_