Client ID_____
☐ New Client ☐ Annual Update
Today's Date:_____ Date entered in Q:_____

# Alzheimer's Day Care Client Intake Form

| First Name MI Last Name | Birthdate | Home Phone |
|---|---|---|
| | | ( ) |
| **Residential Address City Zip** | | **Cell Phone** |
| | | ( ) |
| **Mailing Address City Zip** | | **Veteran** |
| | | ☐ Yes ☐ No |

| | |
|---|---|
| **Gender** | ☐ Female ☐ Male ☐ Transgender female to male ☐ Transgender male to female<br>☐ Genderqueer/Gender Non-Binary ☐ Declined to State<br>☐ Not listed, please specify_____ |
| **Sex at Birth** | ☐ Female ☐ Male ☐ Declined to State |
| **Sexual Orientation** | ☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian/Same-Gender Loving<br>☐Questioning/Unsure ☐Declined to State<br>☐Not listed, please specify_____ |
| **Marital Status** | ☐ Married ☐ Separated ☐Single (never married) ☐ Widowed ☐ Divorced<br>☐ Domestic Partner ☐ Declined to State |

| **Race** | **Ethnicity** | **2019 Federal Low Income Guidelines** |
|---|---|---|
| ☐ American Indian/Alaska Native<br>☐ Asian Indian ☐ Cambodian<br>☐ Chinese ☐ Filipino<br>☐ Guamanian ☐ Hawaiian<br>☐ Korean ☐ Laotian<br>☐ Japanese ☐ Other Asian<br>☐ Multiple Races ☐ Other Race<br>☐ Samoan ☐ Vietnamese<br>☐ White ☐ Declined to State<br>☐ Other Pacific Islander<br>☐ Black/African American | ☐ Hispanic/Latino<br>☐ Not Hispanic/Latino<br>☐ Declined to State | 1 person < $1,040/mo.<br>2 people < $1,409/mo. |

| **Live Alone?** | **Low Income?** | **Last 4 Digits Social Security** |
|---|---|---|
| ☐ Yes<br>☐ No<br>☐ Declined to State | ☐ Yes<br>☐ No<br>☐ Declined to State | **Rural**<br>☐ Yes<br>☐ No<br>☐ Declined to State |

**ADL/IADL Assessment**
***Check the box for the level of assistance you require to complete each task listed below***

| ADLs | 1 - Independent | 2 – Verbal Assistance | 3 – Some Human Help | 4 – Lots of Human Help | 5 - Dependent | Declined to State |
|---|---|---|---|---|---|---|
| **Eating** | | | | | | |
| **Bathing** | | | | | | |
| **Toileting** | | | | | | |
| **Transferring** | | | | | | |
| **Walking** | | | | | | |
| **Dressing** | | | | | | |

| IADLs | 1 - Independent | 2 – Verbal Assistance | 3 – Some Human Help | 4 – Lots of Human Help | 5 - Dependent | Declined to State |
|---|---|---|---|---|---|---|
| **Meal Preparation** | | | | | | |
| **Shopping** | | | | | | |
| **Medication Management** | | | | | | |
| **Money Management** | | | | | | |
| **Using Telephone** | | | | | | |
| **Light Housework** | | | | | | |
| **Heavy Housework** | | | | | | |
| **Transportation** | | | | | | |

**Cognitive Impairment Assessment**

☐ Slight ☐ Moderate ☐ Severe

**Emergency Contact Information** (optional)

| | | |
|---|---|---|
| Name: | Relationship: | Phone: ( ) |
| Name: | Relationship: | Phone: ( ) |
| Doctor: | City: | Phone: ( ) |

## Notes