

**Chester County Department of Aging Services
Intake Form**

Phone 610-344-6350 ❖ Fax 610-344-5996

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Consent Obtained |
| <input type="checkbox"/> | Financial Application Mailed/Emailed |
| <input type="checkbox"/> | Submitted to IEB |
| <input type="checkbox"/> | OPTIONS / Over Income |

Date of Referral:

Person Completing Form/Referral Source:

| | |
|---------|--|
| Name | |
| Agency | |
| Address | |
| Phone | |
| Fax | |

Consumer

| | |
|--|--|
| Name | |
| Residential Address | |
| Municipality | |
| Phone | |
| Email Address | |
| Fax Number | |
| SSN | |
| DOB | |
| Marital Status | |
| Gender | |
| Ethnicity/Race/ PRIMARY LANGUAGE | |
| Medicare Number | |

Contact Information

| | |
|-----------------------|--|
| Primary Friend/Family | |
| Relationship | |
| Address | |
| Phone | |
| Email Address | |
| Fax Number | |

Medical History

| | |
|---|--|
| Diagnoses | |
| Physician Name & Phone/Fax # | |
| Has consumer had a recent hospital stay? | |

What services are being requested?

Does the consumer receive formal services at this time? Please list:

Is consumer alert and oriented?

Is consumer aware of referral?

Does consumer live alone?

Activities of Daily Living (check appropriate box)

| | Independent | Some Assistance Needed | Dependent |
|---------------------|--------------------|-------------------------------|------------------|
| Bathing | | | |
| Dressing | | | |
| Grooming | | | |
| Eating | | | |
| Transferring | | | |
| Toileting | | | |

Instrumental Activities of Daily Living (check appropriate box)

| | Independent | Some Assistance Needed | Dependent |
|-------------------------|--------------------|-------------------------------|------------------|
| Meal Preparation | | | |
| Housework | | | |
| Shopping | | | |
| Transportation | | | |
| Using Telephone | | | |

Financial Eligibility

| | |
|--|--|
| Consumer's (individual) income | |
| Assets/Resources (amount) | |
| Does consumer have Medical Assistance? | |

Additional Information: