



CHARLTON COUNCIL ON AGING / SENIOR CENTER

INTAKE FORM

DATE _____

PRIMARY CARE _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

HEALTH INSURANCE _____

MAILING ADDRESS (IF DIFFERENT) _____

HEALTH ISSUES/DISABILITY _____

PEOPLE LIVING IN HOUSEHOLD _____

PHONE(S) _____

DOB _____

MARITAL STATUS _____

VETERAN: YES _____ NO _____

EMERGENCY CONTACT #1

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE(S) _____

EMERGENCY CONTACT #2

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE(S) _____

INFORMATION /ASSISTANCE REQUESTED: _____

Homemaker

Tri-Valley Elder Services

S.H.I.N.E./Health Insurance/MASS Health

Health Aide

Life Line/Emergency call button

Social Security/SSI/SSDI

Volunteer

Elder Bus/Transportation

Food Stamps/SNAP

Health Care Proxy

Friendly Visits

Home Repair

Housing

Legal Assistance

Other _____

Meals on Wheels

Fuel Assistance: WCAC _____ or Charlton REAS _____