

COMPREHENSIVE OUTREACH PROJECT FOR ELDERS CLIENT INTAKE/ASSESSMENT

Referral Date:

Referral Source:

Client Name:

Address:

City/Zip:

Date of Birth:

Telephone #:

Sex: Male

Social Security #:

Female

Marital Status:

Single

Married

Widowed

Divorced

Separated

Other _____

Race:

White

Black

Hispanic

Asian

Native Amer.

Other _____

Primary Language:

English

Spanish

Other: _____

Living Arrangement:

Alone

w/Spouse

w/Child

w/Relative

w/Non-Rel

Other _____

Support System:

Benefits/Services

Presently Received:

Income from all Sources: Total Monthly Income: \$ _____

Income Breakdown:

<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Veteran's	\$ _____
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> St Suppl	\$ _____
<input type="checkbox"/> Other	_____		\$ _____

Physical Health Status:

Mental Health Status:

<input type="checkbox"/> Lonely	<input type="checkbox"/> Anxious	<input type="checkbox"/> Depressed
<input type="checkbox"/> Irritable	<input type="checkbox"/> Alzheimer	<input type="checkbox"/> Related Dementia
<input type="checkbox"/> Substance Abuse		

Please indicate the problem areas:

Activities of Daily Living:

<input type="checkbox"/> Toileting	<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing
<input type="checkbox"/> Dressing	<input type="checkbox"/> Eating	<input type="checkbox"/> Feeding
<input type="checkbox"/> Walking	<input type="checkbox"/> Stair Climbing	

Instrumental Activities of Daily Living:

<input type="checkbox"/> Medicine	<input type="checkbox"/> Meal Prep.	<input type="checkbox"/> Housework
<input type="checkbox"/> Laundry	<input type="checkbox"/> Telephoning	<input type="checkbox"/> Money Management
<input type="checkbox"/> Shopping	<input type="checkbox"/> Traveling from Home	

Other Comments:

COPE Worker: _____

Date: _____