

*“Not just a place to go, but a place to grow!”*

Riis Settlement Neighborhood NNORC Program Intake Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Case Management/Case Assistance** | **Health Management/Health Care Assistance** | **Activity** | **Volunteer** | **Other** |

|  |
| --- |
| Last Name First Name Phone Address Apt  |
| DOB Social Security Lives with/alone? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral source**  | **Referral source phone #** | **Does Client Know?** |  |
| Assessed by | **Date** | **Where** | **Disposition** |

|  |
| --- |
| Primary reason for contact: Activity/Complaint/Concern/Diagnosis 2011 Registration  |

**Doctors**

|  |
| --- |
| **Primary Phone Address**  |
| **Other Phone Address** |
| **Other** |

**Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Address** | **Relationship** | **Has Keys?** |
|  |  |  |  |  |
|  |  |  |  |  |

**Health Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicare/ HMO Name and #s** | **Medigap** | **Medicare Part D** | **Choice/ Lombardy** |
| **EPIC** | **Other** |
| **Medicaid #** | **Casa Worker** | **Casa phone#** | **Vendor HC** |

**Help in Home/ date updated\_\_\_\_\_\_\_\_ PC personal care H housekeeping**

|  |
| --- |
| **Name of Worker/ Phone # Agency/Phone # Days/Hours PC/H** |

**Client Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Brief History** (Family/ Education/ Occupation/Activities/Interests):

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

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**Physical/Mental Status**:

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**Environmental/ Safety**: (condition of apartment, food in house, bathroom safety, mobility devices)

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**Functional Capacity**: (I) independent (N) Needs Assistance (D) Dependent

ADL’s: bathing\_\_\_ dressing\_\_\_ toileting\_\_\_ transferring\_\_\_ feeding\_\_\_ continence\_\_\_

IADL’s: shopping\_\_\_ cooking \_\_\_ cleaning \_\_\_ laundry \_\_\_ transportation\_\_\_ telephone\_\_\_ writing\_\_\_

reading\_\_\_ bill paying\_\_\_ directing homecare\_\_\_ medication \_\_\_\_\_

**Finances:**

**Income**: Social Security \_\_\_\_\_\_\_\_\_\_\_ Pension \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_ Savings:\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses**: Rent \_\_\_\_\_\_\_\_ Electric/Gas\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_ Food\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_

Health care costs \_\_\_\_\_\_\_\_\_\_\_\_\_ Entitlements?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health:**

Diagnosis**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care Plan/Referrals to Programs or Agencies**:

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Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_