

DEMOGRAPHIC INTAKE FORM  
SENIOR CENTER SERVICES

HDM / IN-HOUSE / MEETINGS
DIABETIC _____ Special Instructions: _____
MILK or JUICE _____ _____ _____

Please complete this form in its entirety. This information is pertinent in order for senior centers to continue to receive program funding. Note that all information supplied is strictly held confidential. Thank you for your help and cooperation.

CLIENT INFORMATION

DATE \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Initial Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Is your road an all weather road passable in rain or snow with a 2 wheel drive vehicle?  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
M / D / Y

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

RACE: Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Do You Live: Alone \_\_\_\_\_ Family \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_

Are you frail or disabled? \_\_\_\_\_ YES \_\_\_\_\_ NO

Income: \$ \_\_\_\_\_  Monthly  Annual

LIST ANY HEALTH PROBLEMS / FOOD ALLERGIES

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

Do you have a Pet? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME

Emergency Contact Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you want to participate in? Local Shopping \_\_\_\_\_ Out-of-Town Shopping \_\_\_\_\_  
Pickup for Noon meals \_\_\_\_\_ Daily On-site Meals \_\_\_\_\_ Monthly Birthday meals \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_