



ELDER INTAKE FORM

PLEASE PRINT CLEARLY

TODAY'S DATE _____

TRIBAL AFFILIATION _____ TRIBAL ROLL # _____

LAST NAME _____ FIRST NAME _____ MI _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

STREET ADDRESS _____

CITY _____ STATE OK ZIP _____

PHONE NUMBER _____

SINGLE MARRIED DIVORCED/SEPARATED WIDOWED WIDOWER

SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH _____

NAME OF EMERGENCY CONTACT (1) _____

PHONE _____

NAME OF EMERGENCY CONTACT (2) _____

PHONE _____

PRIMARY LANGUAGE ENGLISH TRIBAL SPANISH

DO YOU HAVE BASIC LITERACY SKILLS? YES NO
(THOSE NECESSARY TO PERFORM SIMPLE AND EVERYDAY LITERACY ACTIVITIES)

HOUSING

HOUSE APARTMENT COMMUNITY HOUSING

OTHER EXPLAIN _____

COMPOSITION

LIVES WITH SPOUSE LIVES WITH FAMILY/FRIENDS

LIVES ALONE OTHER EXPLAIN _____

OF GRANDCHILDREN IN HOUSEHOLD _____

TOTAL # OF PERSONS IN HOUSEHOLD _____

HEALTH HISTORY

ASTHMA ALZHEIMER'S ARTHRITIS CANCER

DEMENTIA DIABETES CHRONIC PAIN HEAR

CHOLESTEROL BLOOD PRESSURE

OTHER _____

MEDICATIONS



TIMES A DAY



INCOME (VOLUNTARY) _____

OWNS TRANSPORTATION

RELIES ON FAMILY/FRIENDS

OTHER _____

INTERESTS, NEEDS, AND/OR CONCERNS

REQUEST FOR CONGREGATE MEALS
 DELIVERED MEALS

THANK YOU FOR YOUR INTEREST IN THE DELAWARE NATION ADMINISTRATION ON AGING NUTRITION SERVICES PROGRAM.

OUR PROGRAM PROVIDES A NUTRITIOUS LUNCH TO ELIGIBLE PARTICIPANTS,

(NATIVE AMERICAN ELDERS AGE 60+ THAT RESIDE WITHIN OUR SERVICE AREA)

FOUR DAYS A WEEK (M-TR), WITH THE EXCEPTION OF HOLIDAYS, AND ANY OTHER DAY THE DELAWARE NATION COMPLEX IS CLOSED.

I HAVE RECEIVED, READ, AND UNDERSTAND THE POLICY OF CONDUCT AND RULES OF CONDUCT, AND HEREBY AGREE TO ABIDE BY THESE AT ALL TIMES.

I ALSO UNDERSTAND THAT IN THE EVENT IT IS DISCOVERED THAT I FALSIFIED ANY DOCUMENTATION PERTAINING TO THIS APPLICATION, WHETHER VERBALLY OR WRITTEN, I FORFEIT ANY FURTHER SERVICES FROM THE DELAWARE NATION NUTRITION PROGRAM.

THE AOA DIRECTOR WILL REVIEW ALL **COMPLETE** SUBMISSIONS OF THE ATTACHED **APPLICATION**, ALONG WITH A **COPY OF YOUR CDIB CARD**, A **RECENT UTILITY BILL** SHOWING PROOF OF RESIDENCE, AND PROOF OF DISABILITY (IF APPLICABLE).

YOU WILL THEN BE NOTIFIED OF APPROVAL/DENIAL WITHIN 10 DAYS.

APPLICANT

DIRECTOR

DATE

FOR OFFICE USE ONLY

APPROVED _____

DENIED _____

REASON _____
REFERRED TO _____