

INTAKE SUMMARY WORKSHEET

Client Information

Date:

LCF Staff:

Referral Source:

Age at Intake:

Emergency Contact Name/Relationship/Number (non-IL only):

Gender:

Race:

Ethnicity: Hispanic or Non-Hispanic

Language:

City Limits? Yes or No

Neighborhood:

US Citizen? Yes or No

Legal resident? Yes or No

Onset of Significant Vision Loss:

Mailing List? Yes or No

Solicitation Authorized? Yes or No

Media Authorized? Yes or No

Registered with Agency? (indicate if DBS VR, VA)

Medical

Non-Visual Impairments:

Medical Notes:

Medications:

Allergies:

Ambulatory Aid(s) Used:

Social

Living Arrangement at Intake:

- Alone
- Spouse
- Extended/Multi0family
- Parent (if minor)
- Care Attendant
- Other

Marital Status:

- Divorced
- Married
- Separated
- Single
- Widowed



Older Individuals who are Blind – Technical Assistance Center

Qualifying Number in Household:

Number of Children in Household:

Dependent Children in Household? Yes or No

Social Support:

Female Head of Household? Yes No

Setting of Residence at Time of Intake:

- Assisted Living Center**
- Community residential**
- Nursing Home**
- Long-term Care Facility**
- Private Residence or Apartment**
- Homeless**
- Other**

Education

Highest Education Level (grade or years completed):

Income

Employment History:

- Employed**
- Unemployed**
- Retired**
- Unknown**

Gross Monthly Income (for all qualifying):

Primary Income Source:

- Current Wages or Earnings**
- AFDC** **SSDI Disabled**
- Food Stamps** **SI Aged**
- Pension** **SSI Blind**
- Retirement Savings** **SSI Disabled**



Older Individuals who are Blind – Technical Assistance Center

- Investment Income Veteran's Assistance
 Social Security – Aged Family & Friends
 SSDI Blind None
 Other

Additional Sources of Income (use above list and write here):

Transportation

Transportation Resources:

- Friends
 Family
 Fixed Route Bus
 Paratransit
 Other

Needs paratransit application completed? Yes or No

Eligible for Transportation Scholarship? Yes or No

Insurance

- Medicaid Medicare HMO
 Medicaid HMO Other Insurance
 Medicaid Share of Cost None
 Medicare A Tri-care
 Medicare B
 Medicare D

Notes: