

SENIOR RESOURCE SERVICES
INTAKE AND REGISTRATION FORM RESPITE CARE
ELDER INFORMATION

INTAKE DATE: _____ REG. DATE _____ REFERRED BY: _____

ELDER'S NAME _____ DOB: _____ AGE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ DIRECTIONS: _____

ETHNICITY: BLACK _____ ANGLO _____ HISPANIC _____ OTHER _____

LIVES: ALONE _____ WITH SPOUSE _____ WITH RELATED CAREGIVER _____

UNRELATED CAREGIVER _____

IN HOUSEHOLD: _____ NAMES: _____

OF GENERATIONS: _____ COMPOSITION: _____

COMMENTS: _____

CAREGIVER/CONTACT INFORMATION

PRIMARY CONTACT: _____ DOB: _____ OVER 65 _____

RELATIONSHIP TO ELDER: _____

ADDRESS: _____

CITY _____ ZIP: _____

WORKING _____ NOT WORKING _____ RETIRED _____

FIXED INCOME: _____ PER MONTH

HEALTH: EXCELENT _____ GOOD _____ POOR _____ FRAIL _____

HEALTH DESCRIPTION: _____

HOUSEHOLD COMPOSITION _____

OBSERVATION OF CLIENT/FAMILY: COPING WELL _____ NOT COPING _____

UNDER STRESS: MILD _____ MODERATE _____ EXTREME _____ ABUSIVE _____

COMMENTS: _____

-2-SRS INTAKE

INTAKE – ELDER’S CONDITION PROFILE

BASIC DESCRIPTION OF SERVICES NEEDED AND INITIAL SCHEDULE

REQUEST: _____

PHYSICAL CONDITION OF CLIENT:

FUNCTIONS OF DAILY LIVING CHECKLIST:

MOBILITY NEEDS: WALKER __ CANE __ BRACE __ WHEELCHAIR __

WALKS UNAIDED __

MEALTIME NEEDS: FIX MEALS __ CANNOT FIX MEALS __ MOW __

WANTS HELP WITH MEALS __ CAN FEED SELF __ NOT __

PERSONAL CARE NEEDS: CAN BATHE SELF __ NOT __ HELP IN/OUT __

HELPING COMBING HAIR __ HELP WITH DRESSING __

SLEEP PATTERNS: WANDERS AT NIGHT __ TAKES NAP __ LONG __

MENTAL CONDITION OF CLIENT:

ALERT __ MILDLY CONFUSED __ EXTREMELY CONFUSED __ NO

MEMORY LOSS __ SHORT TERM MEMORY LOSS __ LONG TERM

MEMORY LOSS __ RECOGNIZES CAREGIVER __ RECOGNIZES

OTHERS __ HAS POOR RECOGNITION __ CAN UNDERSTAND

SPEECH __ CANNOT UNDERSTAND SPEECH __ CAN SPEAK __

CANNOT SPEAK __

RESISTANT TO SERVICE __ ACCEPTS SERVICE __ WANTS __

3-SRS INTAKE

IS INCOME BELOW POVERTY LEVEL?

Family of one: annual income less than \$10,210 _____

Family of two: annual incomes less than \$13,690 _____

Family of three: annual income less than \$17,170 _____

Family of ____ : annual monthly income less than \$ _____