

OAA Intake SFY21

Anonymous (888888888)

07/01/2020

General Information

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Date of the Intake / Assessment:

Preferred Phone:

First Name:

Last Name:

MI:

Date of Birth:

Email:

Address:

City:

State:

Zip:

Consumer Demographics

Gender:

- 1 - Female
 2 - Male
 3 - Other

Primary Language:

- 1 - English
 2 - Other

Check the racial categories that apply to you:

- 1 - White
 2 - Asian
 3 - African American/Black
 4 - American Indian/Native Alaskan
 5 - Native Hawaiian/Other Pacific Islander
 6 - Other

Are you Hispanic or Latino?

- 1 - Hispanic or Latino
 2 - Not Hispanic or Latino

Are you a veteran?

- 1 - Yes
 2 - No

Do you live alone?

- 1 - Yes
 2 - No

If Yes, is your annual household income more than \$12,760?

- 1 - Yes
 2 - No

If 2 people, is your annual household income more than \$17,240?

- 1 - Yes
 2 - No

If 3 people, is your annual household income more than \$21,720?

- 1 - Yes
 2 - No

If 4 people, is your annual household income more than \$26,200?

- 1 - Yes
 2 - No

If 5 people, is your annual household income more than \$30,680?

- 1 - Yes
 2 - No

If 6 or more people, is your annual household income more than \$35,160?

- 1 - Yes
 2 - No

Is the consumer's income level below the national poverty level?

- 1 - Yes
 2 - No

Learning About Additional Services

Are you interested in learning about any other services?

- Nutrition & Meals
 Health and Fitness Classes
 Transportation
 Options to stay at home
 Legal Assistance
 Caregiver Support
 TBD
 TBD
 TBD
 TBD
 TBD

Home Delivered Meals

The following questions are for home delivered meals.

Are you homebound by (Please check one:)

- Illness, incapacitating disability, and/or inadequate access to transportation
 A spouse of a homebound eligible person?

How often do you require meals?

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation assistance, bathing assistance, or meals?

- Yes
 No

Measure your Nutrition Risk!

Nutrition Screening Questions: Remember do not leave a question "Not Answered"

Have there been any changes in your eating habits because of health problems?

- 1 - Yes
 2 - No
 3 - Don't know

Do you eat less than 2 meals a day?

- 1 - Yes
 2 - No
 3 - Don't know

Do you eat few fruits, vegetables, or milk products?

- 1 - Yes
 2 - No
 3 - Don't Know

Do you have 3 or more drinks of beer, wine, or liquor almost every day?

- 1 - Yes
 2 - No
 3 - Don't know

Do you have a tooth or mouth problem that makes it hard to eat?

- 1 - Yes
 2 - No
 3 - Don't know

Do you always have enough money to buy the food you need?

- 1 - Yes
 2 - No
 3 - Don't know

Do you eat alone most of the time?

- 1 - Yes
 2 - No
 3 - Don't know

Do you take 3 or more different prescribed or over-the-counter?

- 1 - Yes
 2 - No
 3 - Don't know

Have you had unexpected weight gain or loss of 10 + pounds in the past 6 months?

- 1 - Yes

- 2 - No
 3 - Don't know

Are there times you're physically unable to shop, cook, or feed yourself?

- 1 - Yes
 2 - No
 3 - Don't know

What is the client's nutritional risk score?

In the past 30 days, have you worried about whether your food would run out before you got money to buy more.

- 1 - Yes
 2 - No
 3 - Don't Know

In the past 30 days, the food that I bought just didn't last and I didn't have money to get more.

- 1 - Yes
 2 - No
 3 - Don't know

Do you feel lonely sometimes or often?

- 1 - Yes
 2 - No
 3 - Don't know

Consumer ADLs/IADLs: Not applicable for Registered Service Congregate Meals only

Instrumental Activities of Daily Living (IADL): Remember do not leave a question "Not Answered"

Shop

- 1 - I didn't need help
 2 - I need help sometimes
 3 - I always needed help
 4 - Activity did not occur

Manage Medications

- 1 - I didn't need help
 2 - I needed help sometimes
 3 - I always need help
 4 - Activity did not occur

Prepare Meals

- 1 - I didn't need help
 2 - I needed help sometimes
 3 - I always need help
 4 - Activity did not occur

Use Transportation

- 1 - I didn't need help
 2 - I needed help sometimes
 3 - I always need help
 4 - Activity did not occur

Manage Money

- 1 - I don't need help
 2 - I need help sometimes
 3 - I need help sometimes
 4 - Activity does not occur

Do Heavy Housework

- 1 - I don't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity does not occur

Specify the client's ability to perform light housekeeping.

- 1 - I don't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity does not occur

Use the Telephone

- 1 - I don't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity does not occur

What is the client's IADL count?

Activities of Daily Living (ADL): Remember do not leave a question "Not Answered"

Walk

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

Bathe

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

Dress

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

Get Out Of Bed Or Chair

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

Use the toilet

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

Eat

- 1 - I didn't need help
- 2 - I need help sometimes
- 3 - I always need help
- 4 - Activity did not occur

What is the client's ADL count?