



**CITY OF COSTA MESA 2010-2011 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 14, 2010

Late Applications will not be accepted

Submit 1 original application, certification and back up documentation to:

Mike Linares

Housing and Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed application to:

mlinares@ci.costa-mesa.ca.us

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package - ensure an authorized representative signs the application certification. Ensure all required text fields and applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Narrative text fields are limited in space so ensure responses are concise and responsive.

Do not submit testimonials, letters of support, or program literature

MODIFIED APPLICATIONS WILL NOT BE ACCEPTED

Organization Name: Community SeniorServ, Inc.

Program Name: Home Delivered Meals

CDBG Amount Requested: \$20,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation
- Current Board of Directors Roster
- Most Recent Audit, Financial Statements & 990 Tax Filing

JAN 14 2010 PM 2:59

1. APPLICANT GENERAL INFORMATION

A. **Organization Legal Name:** Community SeniorServ, Inc.

B. **Mailing Address:** 1200 N. Knollwood Circle, Anaheim, CA 92801

C. **Program Name:** Home Delivered Meals Program

D. **CDBG Amount Requested:** \$20,000

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|--|
| <input checked="" type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Employment Training |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Fair Housing | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site): citywide

I. Person to contact regarding this application & program administration:

Name: Dustin Manhart **Email Address:** dmanhart@communityseniorserv.com

Telephone: 714-220-0224 **Fax:** 714-220-1374

J. **Federal Tax ID Number:** 95-27717715

K. **DUNS Number:** 08-497-5739

L. **Official Authorized to Sign Contracts and Expend Funds:**

Name: Philip J. Beukema **Title:** Interim CEO

2. APPLICATION SUMMARY

Summarize the proposed program. Specifically discuss how the proposed program will address a priority need in Costa Mesa; your agency's capacity/experience to carry out the activity and to administer CDBG funds; the cost effectiveness of the proposed program; specifically how CDBG grant funds will be expended and if other resources will be used to leverage CDBG-grant funds. If you are submitting a coalition application, discuss the role of coalition partners and how coalition program and admin efforts will be coordinated. Community SeniorServ (CSS) will utilize this grant to help fund our Home Delivered Meals (HDM) Program. The HDM program addresses the priority need of food, nutrition, and safety net services for older homebound adults in the city of Costa Mesa. The meals provide 100% of the U.S. Nutritional Recommended Dietary Allowance. Research studies have documented how important nutrition is to older adults. An article published by Love & Love in the Psychiatric Times (2007) reported that "as the size and diversity of the elderly population increase, nutritional issues will assume greater significance. A variety of physiologic, psychological, economic, and social changes that accompany aging can adversely affect nutritional status, causing serious nutritional deficiencies and generalized malnutrition. Functional dependency, morbidity, mortality, and greater use of health care resources are associated with poor nutrition. For older adults, nutritional status is a major contributor to quality of life." The overall goal of the program is to improve the quality of life for older adults and their families by creating a safety net of health, nutrition, and supportive services that enhance independence, well-being, and dignity. Ultimately, the program hopes to reduce the number of older adults prematurely institutionalized in Costa Mesa and Orange County.

In addition to meal delivery, clients also benefit from daily contact with delivery drivers and from our case management program. Case managers are available to help clients evaluate and find acceptable solutions to meet their individual needs. Case management services include:

- Case monitoring and comprehensive assessments on a quarterly basis
- Care planning and coordination including service authorizations
- In-home services (personal care, homemaking, chore, and respite services)
- Home safety inspections and purchases that may include grab bars, shower chairs, walkers, canes, wheelchairs, and other items funded through grants
- Community referrals for other needed services

The HDM program is very cost effective; the raw food cost per meal is \$1.33 and the raw food cost per day (3 meals) is approximately \$3.99 per participant. CDBG grant funds will be utilized to help fund a portion of the raw food costs. Funding from other sources, including donations, Title III monies, and other grants will be utilized to pay for the additional raw food and program expenses. Community SeniorServ anticipates serving 150 unduplicated clients and 70,000 meals in Costa Mesa in 2010/11.

3. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) and other relevant information. Community SeniorServ (CSS) is adequately prepared to continue providing services and meals to homebound older adults in Costa Mesa. CSS has over 40 years of experience accomplishing its mission and providing food and nutrition services to older adults in Orange County. The organization has an annual budget of approximately \$12 million and serves 1.5 million meals annually to 15,000 different participants. Approximately 94% of funding goes directly to programs and services. CSS has achieved the highest level (Gold Status) of food safety and handling by HACCP (Hazard Analysis Critical Control Points) through the State of California. The following is a list of staff (including qualifications) that work directly with clients in Costa Mesa: 1) Ana Hamada, Registered Dietician. Ana has a Bachelor of Science degree and over 15 years of experience working in the food handling industry; 2) Dustin Manhart, MSW, Director of Home Services. Dustin has a Master's Degree in Social Work and has over 6 years experience providing services to older adults; 3) Kathy McDougall, BS, Case Manager. Kathy has over 3 years of case management experience working with older adults; 4) Carol Warga, Home Delivered Meals Coordinator. Carol has over 5 years of experience providing services to older adults. In addition to these employees, CSS relies on over 50 different volunteers each year to help deliver meals in Costa Mesa.
- B. Summarize your organization's experience administering CDBG public service grant funds. Community SeniorServ has received and successfully utilized CDBG funding from various cities in Orange County since 1990. The organization currently receives CDBG funding from 11 cities in Orange County and utilizes these monies to help provide services to older adults. Despite recent cutbacks in CDBG funding across the nation, CSS has maintained its funding and positive relationship with each of our partner cities because of the importance of food and nutrition services for older adults in Orange County. We look forward to a continued partnership with the city of Costa Mesa in 2010/11.

C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2007	\$20,000	Home Delivered Meals
2008	\$11,250	Home Delivered Meals
2009	\$15,000	Home Delivered Meals

D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: _____

E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: _____

F. If you have not received CDBG funding from Costa Mesa in the past list a minimum of three references of grant fund providers:

GRANT PROVIDER	GRANT PROVIDER CONTACT TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

4. **PROGRAM INFORMATION**

A. Complete the following budget summary for the proposed program.

- | | |
|---|--------------------|
| 1. 2010-2011 Costa Mesa CDBG Grant Funds Requested: | <u>\$20,000</u> |
| 2. Total 2010-2011 Program Budget: | <u>\$3,322,602</u> |

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B "Proposed Program Budget"** is reflective of this outline. Raw Food Only

C. What is the per unit cost to delivery of the proposed program? \$1.33/person

D. How does this cost per unit of service compare to other similar services? Competitive

E. Is this a new program? Yes No If this is not a "New" program, how will this program be expanded from current program efforts? _____

F. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If "Yes," what is the total percentage of Veteran clients served by the program? _____ %

2. Will grant funding be requested for this program from any other funder?
 Yes No

If "Yes" how much and will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
Croul Family Foundation	\$7,000	\$560
OC United Way Bridge Gap	\$10,000	\$800
Shanbrom Foundation	\$5,000	\$400

Add additional sheets if necessary.

- K. Is this a new program? Yes No If this is not a "New" program, how will this program be expanded from current program efforts? The HDM program experienced growth of approximately 10% during the 2009 calendar year, partly due to stimulus funding and increased outreach efforts. Unfortunately, the stimulus funding will go away at the end of the current fiscal year. Thus, the goal for the HDM program for 2010/11 fiscal year is to maintain our current service levels without having to reduce our unduplicated count or number of meals served instead of program expansion.

- L. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No

- M. Will requested CDBG funds be used to match funding requested for another funder? Yes No
 If "Yes," provide information regarding the other grant source and match requirements. _____

5. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program and your agency from 7/1/09 through 6/30/10:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds?** 150 Individuals. What % of these individuals will be of low/moderate income? 95%

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for "presumed beneficiary" category clients; however, documentation of "presumed beneficiary" status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.

- B. Does the proposed program application/intake form collect all HUD-required information?

Yes No

If "Yes," how is this information documented?

a. Self-Certification:

b. Analysis of household income documents such as tax returns/pay checks:

c. Program serves presumed beneficiary category: List category seniors

If "No," how will this information be collected and/or reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your original application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?"
_____% Not Applicable

HUD defines chronically homeless as an unaccompanied homeless individual with a disabling condition that has been continuously homeless for 1 year or more or who has had at least 4 episodes of homelessness in the past 3 years. Furthermore, to be defined as chronically homeless a person must be living on the street or in emergency shelter at the time of eligibility determination - the definition does not include time spent living in transitional housing.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) and **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" and "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment** – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing** – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities** – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility** – The activity makes services, infrastructure, housing or shelter available or accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability** – The activity provides affordability in a variety of ways in the lives of low- & moderate-income people. (The activity can include creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.)
- Sustainability (Promoting Livable or Viable Communities)** – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

- F. Regarding Objectives/Outcomes identified above, describe how success & effectiveness (i.e. **outcome**) of proposed services will be measured. Include the program definition of success/effectiveness, tools used to measure program success/effectiveness, the % of persons served that will meet/exceeded the success/effectiveness threshold, and how clients will be tracked after they leave the program to measure outcome. If no system is in place, discuss steps to be taken to implement a performance measurement system. The success and effectiveness of the HDM program is based on the total number of meals served and number of unduplicated participants served each year. The program will be deemed successful if at least 97% of the projected meals are served and if at least 95% of the projected unduplicated count is achieved. Other forms of outcome measurements include: 1) Support Services Assessments which measure the overall improvement of program participants (while on the program) by capturing and compiling data related to the number and length of hospitalizations, satisfaction with meals, and the well-being participants; 2) monthly nutritional surveys completed by participants on meal delivery and the quality of food; and 3) quarterly assessments that are completed by case managers with all participants in order to assess need and satisfaction with the program.

6. COALITION APPLICATION INFORMATION (Maximum 10 Extra Rating Points)

NOTE: A coalition is defined as two or more agencies applying for CDBG public service grant funds with the goal of eliminating duplication of services & grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

CHECK BOX IF NOT APPLICABLE

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

B. Describe the target population to be served by the coalition. _____

C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked and reported. _____

D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success for the past two years. _____

E. How many clients will be served by coalition efforts during the 2010-2011 Program Year with requested CDBG funds? _____

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Home Delivered Meals

*Do not use percentages.
Utilize actual number of unduplicated Costa Mesa residents served or to be served with requested CDBG funds.*

INCOME CATEGORY	2007-2008 ACTUAL NUMBER OF CM PERSONS SERVED	2008-2009 ACTUAL NUMBER OF CM PERSONS SERVED	2009-2010 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2010-2011 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME	11	1	3	3
LOW-INCOME 80% - 50% MEDIAN INCOME	13	5	7	7
VERY LOW-INCOME 50% - 30% MEDIAN INCOME	23	21	22	20
EXTREMELY LOW-INCOME 30% - 0% MEDIAN INCOME	132	124	128	120
TOTAL	179	151	160	150 ^s

^s Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2010-2011 PROGRAM BUDGET

Program Name: Home Delivered Meals

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$0.00	\$370,398.00	\$370,398.00
Program Staff Salaries & Benefits	\$0.00	\$1,313,228.00	\$1,313,228.00
Program Supplies	\$0.00	\$197,500.00	\$197,500.00
Rent/Lease	\$0.00	\$76,538.00	\$76,538.00
Communications	\$0.00	\$245,613.00	\$245,613.00
Utilities	\$0.00	\$49,150.00	\$49,150.00
Insurance	\$0.00	\$48,000.00	\$48,000.00
Professional Services (Specify) Audit	\$0.00	\$48,300.00	\$48,300.00
Other (Specify) Raw Food	\$20,000.00	\$953,875.00	\$973,875.00
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$20,000.00	\$3,302,602.00	\$3,322,602.00

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED VIA CONTRACT?
State and Federal Funding	\$2,566,352.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
In-Kind Donations	\$185,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Program Income	\$375,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Grants and Other City Funds	\$196,250.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TOTAL	\$3,322,602.00	

ATTACHMENT C

CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

COMMUNITY SENIORSERV: HOME DELIVERED MEALS

OFFICE ON AGING / PARTICIPANT INTAKE FORM FY 2009 – 2010

PARTICIPANT'S NAME: _____ **ROUTE:** _____

Date of Birth: _____

Please explain to Participant that this information is being collected for informational purposes and does not have any bearing on her/his participation within the program.

PLEASE CIRCLE THE CATEGORY THAT INDICATES THE INCOME LEVEL FOR THE PARTICIPANT:

INCOME LEVELS

Category	Single / Monthly Range	Couple / Monthly Range
(1) POVERTY	\$0 - \$903	\$0 - \$1215
(2) EXTREMELY LOW	\$904 - \$1,629	\$1,216 - 1,858
(3) LOW	\$1,630 - \$2,713	\$1,859 - \$3,100
(4) MODERATE	\$2,714 - \$4,342	\$3,101 - \$4958
(5) HIGH	\$4,343 - and above	\$4,959 - and above
True Dollar Amount:	\$ _____	\$ _____

NUTRITIONAL RISK: Circle the number in the **YES** column for those criteria that apply to the participant.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits or vegetables.	1
I eat few dairy products (such as milk, yogurt, or cheese).	1
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and / or feed myself.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2

(IF THE TOTAL IS 6 OR MORE MARK YES FOR NUTRITIONAL RISK) **TOTAL =** _____

Is this client the "Female Head of the Household?" Y _____ N _____

Does this client "live alone?" Y _____ N _____

Please complete back side.

Directions: Please evaluate Participant for each **ADL/IADL** listed below by circling the appropriate number. Please include comments in the space provided next to the number.

Key to ADL/IADL Values:

- Independent: Can perform task without human assistance
- Verbal Assist: Requires verbal prompting to begin or complete a task
- Some Human Help: Requires some physical assistance to perform a task
- Lots of Human Help: Requires substantial assistance to perform a task
- Dependent: Is completely dependent on another person to complete a task

Activities of Daily Living (ADL's)

ADL	Independent	Verbal Assist	Some Human Help	Lots of Human Help	Dependent
Eating	1	2	3	4	5
Bathing	1	2	3	4	5
Toileting	1	2	3	4	5
Transfers (from bed or chairs)	1	2	3	4	5
Walking	1	2	3	4	5
Dressing	1	2	3	4	5

Instrumental Activities of Daily Living (IADL's)

IADL	Independent	Verbal Assist	Some Human Help	Lots of Human Help	Dependent
Preparing Meals	1	2	3	4	5
Shopping	1	2	3	4	5
Medication Management	1	2	3	4	5
Money Management	1	2	3	4	5
Using Phone	1	2	3	4	5
Heavy Housework	1	2	3	4	5
Light Housework	1	2	3	4	5
Transportation	1	2	3	4	5

SUBMITTED BY: _____
 I verify the above information is accurate to the best of my knowledge.

DATE: _____

ENTERED BY: _____



NEW CLIENT INTAKE

REFERRAL DATE: __/__/__

FDOS: _____
ROUTE: _____
DRIVER: _____
MEAL TYPE: _____

☐ TITLE III ☐ SCAN ☐ FULL PAY ☐ TYROL ☐ CMGT ☐ IN HOME B ☐ UNITED WAY ☐ LS

NAME (LAST): _____ (FIRST): _____

ADDRESS: _____

BLDG# _____ APT# _____ SP# _____ MHP: _____

CITY: _____ ZIP: _____ APT NAME: _____

PHONE: (____) _____ - _____ GENDER: ☐ M ☐ F

AGE: _____ DATE OF BIRTH: __/__/__ LANGUAGE: _____

Verified: ☐ D.L. ☐ SS Card ☐ Passport ☐ Birth Cert. ☐ Other _____

MARITAL STATUS: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED

RACE/ORIGIN: ☐ WHITE ☐ BLACK ☐ BLACK & WHITE ☐ ASIAN ☐ ASIAN & WHITE
☐ HISPANIC/LATINO: ☐ MEXICAN/CHICANO ☐ PUERTO RICAN ☐ CUBAN ☐ OTHER
☐ AM. INDIAN/ALASKAN NATIVE ☐ AM. INDIAN/ALASKAN NATIVE & WHITE
☐ AM. INDIAN/ALASKAN NATIVE & BLACK ☐ NATIVE HAWAIIAN/OTHER PACIFIC IS.
☐ OTHER

HOMEBOUND: ☐ YES ☐ NO FRAIL: ☐ YES ☐ NO FEMALE HEAD/HOUSE: ☐ YES ☐ NO

LIVES ALONE: ☐ YES ☐ NO HOUSEHOLD SIZE: _____ FUNCTIONALLY IMPAIRED: ☐ YES ☐ NO

MEDI-CAL: ☐ YES ☐ NO MEDICARE: ☐ YES ☐ NO HMO: _____

VETERAN: ☐ YES ☐ NO INCOME: ☐ SINGLE ☐ COUPLE \$ _____ MONTH / YEAR

AGENCIES INVOLVED: ☐ APS ☐ SHOPP ☐ MENTAL HEALTH ☐ OTHER: _____

PRIMARY PHYSICIAN: _____ PHONE: (____) _____ - _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____

RELATIONSHIP: _____ ADDRESS: _____

REFERRAL SOURCE: _____ PHONE: (____) _____ - _____

PRESENTING PROBLEM/HEALTH PROBLEM: _____

COMMENTS: _____

INTAKE COMPLETED BY: _____ TITLE: _____ DATE: __/__/__

ASSIGNED TO: _____ TITLE: _____ DATE: __/__/__

FDOS: __/__/__ DATE ENTERED: __/__/__ ENTERED BY: _____