**COLVILLE TRIBES AREA AGENCY ON AGING**
Client Intake Form / Senior Heating Application
(Each senior should complete a form.)

Phone: 509-634-2758 / Fax: 509-634-2795 / Email: joel.boyd.aaa@colvilletribes.com

**If you need help completing this form, contact:**
Omak Elder Assistant: 509-422-7452 / Nespelem Elder Assistant: 509-634-2187
Keller Elder Assistant: 509-634-2829 / Inchelium Elder Assistant: 509-722-7008
Senior Heating Staff Assistant: 509-634-2769 / Senior Heating Manager: 509-634-2770

*\*\*\* In order to comply with program requirements and obtain data to advocate for the seniors on our Reservation, we need your assistance and input. We have combined all needed information into one form. This form fulfills our program requirement and provides us with accurate data information for grant/contract applications and reporting purposes. Information used for grant applications is in collective form and absolutely no names are mentioned. Thank you very much for your assistance.*

**GENERAL**

Name: Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Spouse’s Name: Click or tap here to enter text. Spouse’s Date of Birth: Click or tap to enter a date.

Mailing Address: Click or tap here to enter text. City/Town: Click or tap here to enter text. ZIP: Click or tap here to enter text.

Phone/Message Number: Click or tap here to enter text. Social Security Number of Applicant: Click or tap here to enter text.

Enrolled Colville Member? [ ]  Yes [ ]  No Enrolled in another Tribe? [ ]  Yes [ ]  No
Marital Status: [ ]  Married [ ]  Widowed [ ]  Divorced [ ]  Single
If married, is Spouse enrolled Colville? [ ]  Yes [ ]  No Is Spouse enrolled in another Tribe? [ ] Yes [ ] No
Military Veteran? [ ]  Yes [ ]  No If yes, Service Dates: Click or tap here to enter text.

**Individual to be notified in case of emergency**Name: Click or tap here to enter text. Address: Click or tap here to enter text. Phone: Click or tap here to enter text.

**HOUSING**

Housing location (give exact directions including street, house numbers, road, house color): Click or tap here to enter text.

Type of home you are living in:
[ ]  HUD house [ ]  Standard trailer house [ ]  Senior apartment/complex [ ]  Standard home
Housing status: [ ]  Rent [ ]  Own [ ]  Other: Click or tap here to enter text.
Type of heat in your home (check all that apply):
[ ]  Oil [ ]  Solar [ ]  Propane [ ]  Electric [ ] Wood Stove [ ]  Pellet Stove

Household status: [ ]  Live Alone [ ]  Live with Spouse [ ]  Live with children [ ] Children/grandchildren live with me [ ] Other, please specify: Click or tap here to enter text.

**CHORES**

Is there someone in your house who is available to:
Prepare meals? [ ] Self [ ] Yes [ ] No
Do light housework? [ ] Self [ ] Yes [ ] No
Chop and stack wood? [ ] Self [ ] Yes [ ] No

**NUTRITION**

What meals do you eat every day? [ ]  Breakfast [ ]  Lunch [ ]  Dinner [ ]  Snack
Do you attend the Senior Meal Site? [ ] Yes [ ]  No
Which Senior Meal Site location do you visit most frequently: [ ]  Omak [ ]  Nespelem [ ]  Keller [ ]  Inchelium
Do you require home delivery of meals? [ ]  Yes [ ]  No If yes, why? Click or tap here to enter text.
Do you require a special diet? [ ]  Yes [ ]  No If yes, what? Click or tap here to enter text.

If you do not attend Senior Meal Site and you do not have home delivery of meals, please choose a reason:
 [ ]  No transportation [ ]  Live outside of service area
 [ ]  Can prepare own meals [ ]  Relatives/friends prepare meals

**INCOME**

List all persons and all income of persons living in household, including yourself:
Name Age Tribe Monthly Income Source

Click or tap here to enter text.

Total monthly income for household: Click or tap here to enter text.
Sources of your income (check all that apply):
[ ]  Employment [ ]  Social Security [ ]  Veterans Benefit
[ ]  Supplemental Security (SSI) [ ]  AFDC, GA, Welfare [ ]  Unemployment
[ ]  Pension/Retirement [ ]  Disability Benefits [ ]  Other: Click or tap here to enter text.

**HEALTH**

Do you have any of these health conditions (check all that apply)?
[ ]  Diabetes [ ]  Hypertension [ ]  Heart Problems [ ] Arthritis [ ]  Cancer
[ ]  Stroke [ ]  Emphysema [ ]  Asthma [ ]  Poor Vision [ ]  Poor Hearing
[ ]  High Cholesterol [ ]  Lupus [ ]  Lung Problems [ ]  Injury
[ ]  Other (please describe): Click or tap here to enter text.

**Activities of Daily Living (ADLs)**Please rate each task with your need of assistance: 1 = None; 2= Some; 3=Much; 4=Cannot do without help

Choose an item.**Bathing** Choose an item. **Eating** Choose an item. **Getting Places** Choose an item. **Cooking** Choose an item. **Chores** Choose an item. **Business Affairs/Banking** Choose an item. **Dressing** Choose an item. **Walking** Choose an item. **Heavy housekeeping** Choose an item. **Shopping** Choose an item. **Using Phone**

**TRANSPORTATION**

Do you have adequate transportation to medical appointments? [ ]  Yes [ ]  No
Do you ever miss medical appointments due to no transportation? [ ]  Yes [ ]  No
Do you have adequate transportation to do grocery shopping? [ ]  Yes [ ]  No
Do you have transportation to and from a Senior Meal Site? [ ]  Yes [ ]  No
Do you own a vehicle? [ ]  Yes [ ]  No If no, do you rely on: [ ]  Family [ ]  CHR [ ]  Other: Click or tap here to enter text.

**SERVICES**

If you receive assistance from any of the following, check all that apply:

[ ]  Low-Income Energy Assistance (LIHEAP) [ ]  In-home Care [ ]  Food Stamps
[ ]  Food Distribution (Commodities) [ ]  Chore Services

What services would to like to receive that you are not currently receiving? Click or tap here to enter text.

**EMPLOYMENT**

Are you currently: [ ]  Employed [ ]  Unemployed [ ]  Retired [ ]  Homemaker
If unemployed, are you interested in working: [ ]  Part-time [ ]  Full-time
If yes, what type of employment would you like? What skills or experience do you have? Click or tap here to enter text.

**EDUCATION**

What is the highest grade you completed? [ ]  Grade 1-6: [ ]  Grade 7-9: [ ]  Grade 10-12
[ ]  High School Diploma/GED [ ]  Vocational Training [ ]  College [ ]  Graduate School

**\*\*THIS SECTION IS FOR COLVILLE TRIBAL MEMBERS ONLY\*\*** (More info, call LIHEAP office at 509-634-2769, 634-2770.)

Do you wish to apply for the Senior Heating Assistance Program? [ ]  Yes [ ]  No

What type of fuel do you use to heat your home? Check all that apply.
[ ]  Electric [ ]  Wood [ ]  Propane [ ]  Oil [ ]  Wood Pellets [ ]  Other: Click or tap here to enter text.

You can only receive help with ONE type of fuel. Check which one you prefer:
[ ]  Electric [ ]  Wood [ ]  Propane [ ]  Oil [ ]  Wood Pellets [ ]  Other: Click or tap here to enter text.

If you chose wood, what length of wood do you need? [ ]  14” [ ]  16”

If you want assistance with electric, propane, oil, or pellets, name your fuel supplies and submit a copy of your bill:
Supplier: Click or tap here to enter text. Account #: Click or tap here to enter text.

*In applying for the Senior Heating Program, I agree that I will use my energy benefit for heating and/or cooking purposes in my home. I will not give away the firewood or wood pellets nor sell it to another household. Doing so may jeopardize my eligibility for future seasons.* ***The Senior Heating Program DOES NOT SUPPLY YOUR TOTAL NEED OF FUEL FOR THE WINTER, IT IS ONLY A SUPPLMENTAL PROGRAM.***

Application Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Additional Comments: Click or tap here to enter text.

***For Internal Use Only:***TYPE OF CONTACT
[ ]  Home Visit [ ]  Personal Contact [ ]  Other: Click or tap here to enter text.