**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](mailto: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: Date of Birth:

Spouse’s Name: Spouse’s Date of Birth:

Mailing Address: City/Town: ZIP:

Phone/Message Number: Social Security Number of Applicant:

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:

**Individual to be notified in case of emergency**Name: Address: Phone:

**HOUSING**

Housing location (give exact directions including street, house numbers, road, house color):

Type of home you are living in:   
 HUD house  Standard trailer house  Senior apartment/complex  Standard home  
Housing status:  Rent  Own  Other, please specify:   
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:

**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?   
Do you require a special diet?  Yes  No If yes, what?

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

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):

**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

**Bathing\_\_\_\_** **Eating\_\_\_\_** **Getting Places\_\_\_\_** **Cooking\_\_\_\_** **Chores\_\_\_\_** **Business Affairs/Banking\_\_\_\_**  **Dressing\_\_\_\_** **Walking\_\_\_\_** **Heavy housekeeping\_\_\_\_** **Shopping\_\_\_\_** **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:

**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?

**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?

**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:

You can only receive help with ONE type of fuel. Check which one you prefer:  
 Electric  Wood  Propane  Oil  Wood Pellets  Other:

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: Account #:

*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: Date:

Additional Comments:

***For Internal Use Only:***TYPE OF CONTACT  
 Home Visit  Personal Contact  Other: