



FAITH
IN ACTION

Southeast Lake County Faith in Action Program

CONFIDENTIAL INFORMATION

Intake Date _____

Completed by _____

Name _____ DOB _____ Age _____ Gender _____

Address _____

Phone (home) _____ Cell _____ Email _____

How did you learn about Faith in Action? Referral Source?

Independent Living

What made you decide to seek out services at this time? _____

Describe a typical day _____

Are you still driving? Yes No Sometimes _____

In what areas would you like our support? Transportation Grocery Shopping

Errands Phone Pal Social Programs Pet Therapy Respite Care Other _____

Health & Wellness

First Impression: _____

Care Receiver's Stated Current Medical Status:

Excellent Very Good Good Fair Poor Very Poor

Last Hospitalization _____ Circumstances _____

Height: _____ Weight _____ Broken Bones/Open Wounds _____

Functional Status independent ____ cane ____ walker ____ wheelchair ____ bed ridden _____

Needs assistance getting in and out of a car Yes. No Assist: 1 person. 2 person

Type of Car Any Sedan Only No Large SUVs

Cognitive Health _____

Mental Health _____

Reported/Suspected substance abuse _____ **Sleep disorders** _____ **R/Lhanded** _____

Incontinent _____ **Allergies** _____ **Fears** _____

Vision _____ **Hearing** _____ **Other** _____

Medications/Diagnosis (optional)

Emergency Contact _____ **Phone** _____

Physician _____ **Phone** _____

Social Isolation and Loneliness

Do you have family, friends or professional help that support you? _____

Participation at local senior center? _____

Do you have any hobbies/interests? _____

Financial Stress

The following questions may help us direct you to additional programs and services for which you are eligible. They do not effect eligibility for our programs.

Are you enrolled in or receive benefits/services from any of the following programs:

- | | |
|---|----------------------------------|
| 1. Supplemental Nutrition Assistance Program (SNAP) | 6. Reduced License Plate Sticker |
| 2. Housing Subsidy/Low Income Housing | 7. Food Pantry |
| 3. Low Income Energy Assistance Program | 8. Meals on Wheels |
| 4. Catholic Charities Community Care Program | 9. Medicaid Health Insurance |
| 5. Real Estate Tax Freeze or Deferral Program | |

Did you have to file a tax return last year? Yes No

Care Director to provide Care Plan Observations and Recommendations on next page