DOUGLAS COUNTY
COLORADO

2017 Consumer Intake Form

Basic Client Information: SS # (last 4) xxx-xx-_____			**Date Completed: / /**
*First Name:		*Last Name:	Middle Initial:
*Date of Birth: / /	Age:	*Gender: ☐Male ☐Female ☐Other	Are you a veteran? ☐Yes ☐No
What is your primary language?		*What is your race?	*Are you Hispanic or Latino? ☐Yes ☐No
*Are you visually impaired (cannot be corrected with glasses)? ☐Yes ☐No			*Do you receive Medicaid? ☐Yes ☐No
*Do you live alone? ☐Yes ☐No	*Are you married? ☐Yes ☐No	How many people live in your household?	
What is your monthly income?		Monthly household income (you and spouse)?	
*If you live alone, is your individual monthly income below $1,005? ☐Yes ☐No ☐N/A		*If you have a spouse or partner, is your monthly household income below $1,353? ☐Yes ☐No ☐N/A	
*Do you use any assistive devices? ☐Yes ☐No If yes, which ones?		*Do you consider yourself frail? ☐Yes ☐No *Do you consider yourself disabled? ☐Yes ☐No	
*Residential Street Address:		Mailing Address - Street/P.O. Box:	
*Apartment or Unit # (if applicable):		Mailing City or Town:	
*Residential City or Town:		Mailing State:	Zip Code:
*Residential State:	Zip Code:	Email Address:	
*County of Residence:			
*Primary Phone # (including area code):		Secondary Phone # (including area code):	
Emergency contact name:		Relationship:	Phone Number:

How did you hear about our grant services?

☐Douglas County Website or flyer; ☐Douglas County First Call; ☐Neighbor Network; ☐Castle Rock Senior Center; ☐Parker Senior Center; ☐Channel 9 Senior Source (TV); ☐Senior Fair; ☐From a Current Client; ☐From a Friend/Relative; ☐Walk-In; ☐Network of Care; ☐DRCOG Brochure; ☐Other (describe: _____)

Do you want to hear about other services? ☐Yes ☐No	If yes, how can we contact you? ☐Mail ☐Email ☐Phone
Please tell us what services you would like to receive:	

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I herewith give my consent to do so. ***(If filled out by assessor or via phone, please have assessor check here and sign below ☐).***

Signature_____ **Date**_____

You will need to print out and sign this

Information filled out by _____ Date_____