



7. Client's Annual Income: (Circle the number that applies)

|   |           |  |    |            |
|---|-----------|--|----|------------|
| 1 | To 3,500  |  | 7  | To 14,000  |
| 2 | To 4,500  |  | 8  | To 16,500  |
| 3 | To 6,500  |  | 9  | To 18,500  |
| 4 | To 8,500  |  | 10 | To 20,500  |
| 5 | To 10,000 |  | 11 | To 20,500+ |
| 6 | To 12,000 |  | 12 | Unknown    |

8. Household Composition: (Circle the number that applies)

|   |               |  |   |                    |
|---|---------------|--|---|--------------------|
| 1 | Lives Alone   |  | 4 | With Relatives     |
| 2 | With Spouse   |  | 5 | With Non-Relatives |
| 3 | With Children |  | 6 | Unknown            |

9. Living Arrangements: (Circle the number that applies)

|   |                        |  |   |               |
|---|------------------------|--|---|---------------|
| 1 | Homeowner              |  | 5 | Foster Home   |
| 2 | Renter                 |  | 6 | Boarding Home |
| 3 | Private Senior Housing |  | 7 | Other         |
| 4 | Public Senior Housing  |  |   |               |

10. Number in Household: \_\_\_\_\_

11. Functional Limitations: (Circle the number that applies)

|   |                 |  |    |               |
|---|-----------------|--|----|---------------|
| 1 | None            |  | 9  | Diabetic      |
| 2 | Speech          |  | 10 | Leukemia      |
| 3 | Hearing         |  | 11 | Malnutrition  |
| 4 | Walking         |  | 12 | Neurological  |
| 5 | Heart Condition |  | 13 | Psychological |
| 6 | Breathing       |  | 14 | Other/Unknown |
| 7 | Emphysema       |  |    |               |

12. Prosthetic Devices: (Circle the number that applies)

|   |             |  |   |          |
|---|-------------|--|---|----------|
| 1 | None        |  | 6 | Dentures |
| 2 | Walker/Cane |  | 7 | Dialysis |
| 3 | Wheelchair  |  | 8 | Oxygen   |
| 4 | Hearing Aid |  | 9 | Other    |
| 5 | Glasses     |  |   |          |

13. Frail/Disabled: Yes \_\_\_ No \_\_\_

14. Need Help to Leave Home? Yes \_\_\_ No \_\_\_



## Office Use Only

30. Telephone: ( Circle the number that applies)

|   |                  |  |   |                      |
|---|------------------|--|---|----------------------|
| 1 | Client Called    |  | 6 | Mailed to Outreach   |
| 2 | In Computer      |  | 7 | Ref. to Sr. Services |
| 3 | Letter Sent      |  | 8 | Oxygen               |
| 4 | Add/Del List     |  | 9 | Other                |
| 5 | Call to Outreach |  |   |                      |

31. Neighbor Visits: (Circle the number that applies)

|   |                |  |   |                       |
|---|----------------|--|---|-----------------------|
| 1 | Client Called  |  | 4 | Client Letter Sent    |
| 2 | In Computer    |  | 5 | Volunteer Letter Sent |
| 3 | Client Entered |  | 6 | Client Add/Delete     |

32. Termination: (Circle the number that applies)

|   |                  |  |   |              |
|---|------------------|--|---|--------------|
| 1 | Moved            |  | 4 | Lost Contact |
| 2 | Nursing Home     |  | 5 | Death        |
| 3 | Rejected Contact |  |   |              |