County: _____

Age: _____

Human Development Commission
Senior Service Programs
INQUIRY FORM

Name:	Referred By:
Address:	Phone:
City/Zip:	Date of Birth:
Emergency Contact:	Emergency Contact Phone:
Emergency Contact Relationship:	
Emergency Contact Address:	
Physician Name:	Physician Phone:
Physician Address:	

Mental and Physical Health:

Hospitalization Dates:	
Diagnosis:	
Low Income: Yes ○ No ○	**HDM ONLY:** Is this person Homebound? Yes ○ No ○

Support System:

Family ○ Friends ○ Neighbors ○ Colleagues ○ Community Members/Groups ○

Household Composition:

Alone ○ Spouse ○ Children ○ Relative ○ Non-Relative ○

Services Requested: _____

Completed By: _____Date: _____

Created: 08.2018
Updated: 9.2025

Human Development Commission
Community Action Agency

Human Development Commission
Senior Service Programs
INQUIRY FORM

Is this Individual a Caregiver? ○ Yes ○ No If yes, please complete below:

Caregiver Additional Information: **(This is the adult who the Caregiver cares for Information)**

Care Recipient Name:	Care Recipient Phone:
Care Recipient Address:	
Care Recipient City/Zip:	Care Recipient Date of Birth:
Caregiver Pharmacy Name:	Caregiver Pharmacy Phone:
Caregiver Pharmacy Address:	
Caregiver Clergy Name:	Caregiver Clergy Phone:
Caregiver Clergy Address:	

Kinship Additional Information: **(Minor(s) Caregiver cares for)**

Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

SUMMARY OF PRE-SCREEN

Minimum Of 2 Points To Be Eligible for CCS

1. Mobility - Maximum Of 1 Point Per Category				**Mobility**
	Use Of Assistive Devices (Cane, Walker, Wheelchair)			
	Limited Mobility (Without Use Of Assistive Device)			
	No Mobility Issues			
2. Personal Care - Maximum Of 1 Point Per Category				**Personal Care**
	Receives Assistance With Bathing, Dressing, Toileting On A Temporary / Permanent Basis			
	Needs Assistance With Bathing, Dressing, Or Toileting And Does Not Currently Have Any Help			
	No Personal Care Assistance Needed			
3. Transportation - Maximum Of 1 Point Per Category				**Transportation**
	Receives Assistance With Transportation On A Temporary / Permanent Basis			
	Needs Assistance But Currently Has No Help In The Home			
	Requires No Assistance With Transportation			
4. Home Tasks / Chore - Maximum Of 1 Point Per Category				**Home Tasks / Chores**
	Receives Assistance With Home Tasks On A Temporary / Permanent Basis			
	Needs Assistance But Currently Has No Help In The Home			
	Requires No Assistance With Home Tasks			
5. Nutrition - Maximum Of 1 Point Per Sub-Category Meal Prep				**Nutrition Point(s)**
	Receives Permanent Ongoing Assistance		Currently Receives No Assistance, But Needs Help	
	Receives Temporary Assistance		No Assistance Needed	
Eating				
	Receives Permanent Ongoing Assistance		Currently Receives No Assistance, But Needs Help	
	Receives Temporary Assistance		No Assistance Needed	
Grocery Shopping				
	Receives Permanent Ongoing Assistance		Currently Receives No Assistance, But Needs Help	
	Receives Temporary Assistance		No Assistance Needed	
			Total Points	
Referral Summary: Choose All That Apply				
	CCS (Case Coordination & Support):		CCM (Caregiver Case Management):	
	Outreach:		Other/Additional Notes (Specify):	

NOTES:

Created: 08.2018
Updated: 9.2025