

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:	

Physical Health

HBP/LBP Diabetes Heart Stroke Arthritis Hearing Sight
 Speech Self-Care Substance Abuse Disabled
 Other: _____

Mental Health

Depressed Anxious Confused Dementia Alzheimer's

Household Composition

Lives:

Alone w/Spouse Children Relative Non-relative
 Owns Home Rents Socially Isolated

Low Income: Yes No

HDM ONLY: Is this person Homebound? Yes No

Services Requested: _____

Completed by: _____ Date: _____

SUMMARY OF PRE-SCREEN

Minimum Of 2 Points To Be Eligible

Is The Individual A Caregiver?

YES

NO

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 Category		Nutrition Point(S)	
Meal Prep			
	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			
Check Services (Choose All That Apply)			
	CCS (Case Coordination & Support)	Other (Specify):	
	Outreach	Additional Notes:	