

Caddo Nation of Oklahoma Caregiver Application--Supply

1. Intake Form

(person needing caregiver supplies)

Date: _____

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Initial: _____</p> <p>Phone: House _____, Cell _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip code: _____ E-mail: _____</p> <p>Social Security number: _____ Female <input type="checkbox"/> Male <input type="checkbox"/> Veteran: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Race: <input type="checkbox"/> Native American Tribal Affiliation _____ <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other: _____</p> <p>Primary Language: _____ Secondary Language: _____</p> <p>Marital Status: _____ Education: _____</p> <p><input type="checkbox"/> lives alone <input type="checkbox"/> with spouse <input type="checkbox"/> with Family <input type="checkbox"/> with friend <input type="checkbox"/> other _____</p> <p><input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Wheelchair <input type="checkbox"/> Glasses</p> <p><input type="checkbox"/> Artificial Limb <input type="checkbox"/> Other: _____</p> <hr/> <p>HEALTH PROBLEMS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Comments:</p>
<p><i>Signatures:</i></p> <p>Participant: _____</p> <p>Date: _____</p>	

Do not write below line

AOA Outreach Worker: _____ Date: _____

Applicant approved for: _____ Date: _____

Applicant disapproved: _____ Date: _____

Scheduled Home Visit: _____ Date & Time: _____