



# Caddo Nation of Oklahoma

## AOA Title VI / Caregiver Programs

P.O. Box 487 Binger, OK 73009 | Phone: 405-656-9042

The Caddo Nation of Oklahoma AoA (Administration on Aging) Title VI/Caregiver Programs offer supportive services, respite for caregivers, lending closet, lawn care services, elder chores, nutritional evaluation/counseling, healthy aging support, referral services, assistance with applying/filing for benefits, congregate and home-delivered meals.

**ELDER INTAKE FORM/Service Application** Today's date: \_\_\_\_\_

### PARTICIPANT INFORMATION

Last name: \_\_\_\_\_

First name, MI: \_\_\_\_\_ Tribe / CDIB# \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex:  Male  Female

### CONTACT INFORMATION

Street address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### SPOUSE & EMERGENCY CONTACT INFORMATION

Marital status:  Married  Single  Divorced  Widowed  Separated

Spouse's name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Name of emergency contact (1) \_\_\_\_\_ Phone: \_\_\_\_\_

Name of emergency contact (2) \_\_\_\_\_ Phone: \_\_\_\_\_

### COMMUNICATION INFORMATION

Primary language:  Tribal  English  Spanish  Other  HOH

Preferred communication method:  Written  Oral  Sign

Does the elder have basic literacy skills (those necessary to perform simple and everyday literacy activities)?  Yes  No

### PHYSICAL CONDITIONS

Physician name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you sometimes lose interest in things you use to enjoy?  Yes  No  Sometimes

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Are you at risk or worried about falls?  Yes  No  Sometimes

Are you able to do your ADL without assistance?  Yes  No  Sometimes

If not, do you have a caregiver?  Yes  No  Sometimes

If so, Caregiver information: \_\_\_\_\_

Caregiver is:  Paid  Unpaid  Related  Not related

Do you use adaptive equipment?  Yes  No  Sometimes

If so, what type: \_\_\_\_\_

Do you feel safe at home?  Yes  No

Elder is unable to leave home without assistance because: \_\_\_\_\_

### HOUSING INFORMATION

Type of housing:  House  Apartment  Community housing  Other  Unknown

Housing composition:  Lives with spouse  Lives alone  Lives with family/friends  Other

Number in household: \_\_\_\_\_ Grandchildren in household?  Yes  No

If yes, how many grandchildren? \_\_\_\_\_

### DIETARY/MEAL INFORMATION

In need of home delivered meal (frail or home bound):  Yes  No

Food allergies (if any): \_\_\_\_\_

Special dietary considerations: \_\_\_\_\_

Directions to home/color of house/cross streets/identifying landmarks: \_\_\_\_\_

Does the elder own dogs that could interfere with the delivery:  Yes  No

May the delivery person enter the elder's home after knocking, without waiting on a response from the elder?  Yes  No

### HEALTH INFORMATION

Elder has the following chronic health concerns:

Asthma  Alzheimer's  Arthritis  Cancer

Chronic pain  Dementia  Diabetes  Falls

Heart disease  High cholesterol  Hypertension  Anxiety

Other: \_\_\_\_\_

Elder takes the following medications and at what frequency: \_\_\_\_\_

### DIASTER OR EMERGENCY INFORMATION

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In emergency, elder should be priority:  1  2  3 (low)

Does elder need emergency water?  Yes  No

Do you feel safe in your home during emergencies? \_\_\_\_\_

### MISCELLANEOUS

Income (voluntary): \_\_\_\_\_

Are you able to meet all your needs on your income?  Yes  No

Would you like assistance/information on other programs that may assist elders?  Yes  No

What type? \_\_\_\_\_

Medicare?  Yes  No # \_\_\_\_\_ Medicaid?  Yes  No # \_\_\_\_\_

Primary transportation:  Provides own transportation  Relies on family/friends  
 Uses tribal transportation  Other  Unknown

Elder's concerns: \_\_\_\_\_

Services the elder needs or is interested in: \_\_\_\_\_

### FOR OFFICE USE ONLY

#### MEAL INFORMATION

Number of meals per week: \_\_\_\_\_ Type of meal:  Hot  Frozen

Special considerations: \_\_\_\_\_

No sweets  No bread  No milk  Other: \_\_\_\_\_

Does elder need assistance with any chores?  Yes  No  Not at this time

If so, what type of assistance? \_\_\_\_\_

How often? \_\_\_\_\_

Elder should be rechecked in:  1 month  3 months  6 months

\*Driver needs to monitor and be cautious and aware of: \_\_\_\_\_

Participant signature & date

AoA Representative signature & date

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