

**Council on Aging/Senior Center
100 T. R. Harris Drive
Shelby, NC 28150**

**Direct Assistance
Screening**

LAST NAME: _____ FIRST NAME: _____ DATE: _____

ADDRESS: _____ SEX: _____ RACE: _____

CITY: _____ ZIP: _____ DATE of BIRTH: _____ AGE: _____

PHONE: _____ SOCIAL SECURITY NO: _____

EMERGENCY CONTACT: _____ PHONE: _____

Income: _____

SPOUSE/Income: _____ AGE: _____ NUMBER in HOME: _____

INTAKE PERSON: _____ SOURCE of REFERRAL: _____

Follow-Up Required – Yes____ No____

- | | | |
|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Respite® | <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Medicaid/Medicare/D |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Commodities | <input type="checkbox"/> Social Security Benefits/LIS |
| <input type="checkbox"/> Home Repair ® | <input type="checkbox"/> Job Training/Placement | <input type="checkbox"/> Mental Health ® |
| <input type="checkbox"/> Smoke Detector ® | <input type="checkbox"/> SHIIP / Insurance | <input type="checkbox"/> Disaster Service ® |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Cool Off / Fan | <input type="checkbox"/> Hospice Care ® |
| <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> SHIIP | <input type="checkbox"/> Patient Assistance |
| <input type="checkbox"/> Med. Equip. | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Fraud and Abuse ® |
| <input type="checkbox"/> Caregiver (List) | <input type="checkbox"/> In Home Aide/ Housekeep ® | <input type="checkbox"/> Assessments/Home Visits |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Hearing Aid ® | <input type="checkbox"/> Abuse-Neglect ® |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Power of Attorney ® | <input type="checkbox"/> Reverse Mortgage ® |
| <input type="checkbox"/> Tele. Reassurance | <input type="checkbox"/> Financial Asst. ® | <input type="checkbox"/> Nutrition Supplements |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Incontinent Supplies | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Daytime Friends | |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Support Groups | |

ADDITIONAL INFORMATION: _____

REFERRED TO/OR ASSISTANCE RECEIVED: _____

FOLLOW UP: _____
