Valley Area Agency On Aging

Service Request Form
(810) 239-7671 Fax: (810) 244-0980
http://www.valleyareaaging.net/

Date:

Client Information

Full Name: _____
Last *First* *MI.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

Phone #: **Race:** **Gender:** **Social Security #:**

Birth Date: **Marital Status:** **Residence** (alone, spouse, child, etc)**:**

Gross Monthly Income: **(estimated)** **$** **Assets:** ☐ **Below $2000** ☐ **Above $2000** **Do you have:** ☐ **Medicare** ☐**Medicaid** ☐ **Both** ☐ **None**

Have you been hospitalized in the last 30 days: ☐ **Yes** ☐ **No If yes, where?** **Current Diagnosis:**

Are you currently in the hospital? ☐ **Yes** ☐ **No** **FAN Attached?** ☐ **Yes** ☐ **No** **Anticipated discharge date:**

Requested Services: ☐ **Home Help** ☐ **Respite** ☐ **Transportation** ☐ **Personal Care** ☐ **Medication Management** ☐ **Home Delivered Meals** ☐ **Medical Equipment** ☐ **Nursing Home Transition** ☐ **Home Safety Equipment** ☐ **Adult Foster Care** ☐ **Adult Day Center**

Preliminary Information

Is there currently someone paid to provide assistance in the home? ☐ **Yes; If Yes, whom?:** ☐ **No**

Do you receive oxygen 24/7? ☐ **Yes** ☐ **No**

Do you live alone? ☐ **Yes If No, with whom?:** ☐ **No**

Have you experienced forgetfulness? ☐ **Yes** ☐ **No**

Are you able to get out of bed? ☐ **Yes** ☐ **No**

Are you able to prepare your own meals? ☐ **Yes** ☐ **No**

Are you able to bathe independently? ☐ **Yes** ☐ **No**

Are you able to complete personal care tasks independently? (grooming, dressing, toileting etc.) ☐ **Yes If no, please explain:** ☐ **No**

Do you currently drive? ☐ **Yes** ☐ No

Do you currently use assistive devices? ☐ **Wheelchair** ☐ **Cane** ☐ **Walker** ☐ **Lift Chair** ☐ **Other**

Do you have a history of mental illness? ☐ **Yes If yes, please explain:** ☐ **No**

Contact/Referral Information

Who is your primary contact?
☐**Self** ☐ **Family/Friend** ☐ **Legal Guardian**

Name: _____

Relationship: _____

Phone: _____

Email:: _____

Referred by:

Name: _____

Agency/Title: _____

Phone: _____

Email: _____