

NAPIS Intake Form – 5/2012

Date of the assessment ____/____/____

(Client Registration form for Congregate Meals, Home Delivered Meals, Transportation, Adult Day, and Personal Care)

Last name: _____

First name: _____

Middle initial: _____

Name suffix: _____

Telephone number (____) _____ - _____

Date of birth ____/____/____

Gender Male Female

Mailing address or Post Office box:

Street: _____

City: _____

State: _____

ZIP code: _____

Residential Address Same as Mailing Address

Race (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Unavailable

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unavailable

Current marital status

- Single
- Married
- Separated
- Widowed
- Divorced
- Unavailable

Current living arrangement

- Lives Alone
- With spouse/partner
- Lives with spouse and child
- With child/children
- Information unavailable
- With others

Number of people in the household

- One person
- Two people
- Three people
- Four or more people

Household Monthly income \$ _____ *(Is the income below the national poverty level? Yes No*
(to be completed by Agency)

Disabled? (Definition: Having a disability attributable to mental or physical impairments, that result in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.) No Yes Not Collected

DISCLOSURE STATEMENT:

All information obtained will be kept confidential and no personal identifying information about you will be released to the public unless otherwise required under federal law. The information will be entered into a secure database. Summarized data will be reported to the Administration on Aging in order to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act reauthorization). You may not be denied services for refusing to provide any of the information requested.

Applicant Signature

Date

I have discussed /read/ explained the Disclosure Statement with the client.

Provider Signature

Date

- Appendix A: Nutritional Risk Assessment (check if attached)**
- Appendix B: ADL/IADL Assessment (check if attached)**

Appendix A

Nutrition Risk Assessment

1. Have you made any changes in lifelong eating habits because of health problems? No Yes
2. Do you eat fewer than 2 meals per day? No Yes
3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day? No Yes
4. Do you eat fewer than two servings of dairy products (such as milk, yogurt, cheese) every day? No Yes
5. Do you sometimes not have enough money to buy food? No Yes
6. Do you have trouble eating well due to problems with chewing/swallowing? No Yes
7. Do you eat alone most of the time? No Yes
8. Without wanting to, have you lost or gained 10 pounds in the past 6 months? No Yes
9. Are you not always physically able to shop, cook and/or feed yourself (or to get someone to do it for you)?
No Yes
10. Do you have 3 or more drinks of beer, liquor or wine almost every day? No Yes
11. Do you take 3 or more different prescribed or over-the-counter drugs per day? No Yes

Appendix B

Activities of Daily Living (ADL)

1. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform BATHING (include shower, full tub or sponge bath, exclude washing back or hair)?

- Independent
- Supervision
- Requires assistance sometimes
- Mostly dependent
- Totally dependent
- Activity does not occur

2. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform DRESSING?

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence
- Activity did not occur

3. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TOILET USE?

- Independent
- Supervision
- Sometimes dependent
- Mostly dependent
- Totally dependent
- Activity does not occur

4. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TRANSFER?

- Independent
- Supervision
- Minimal assistance required
- Mostly dependent
- Totally dependent
- Activity does not occur

5. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform EATING?

- Independent
- Supervision
- Sometimes dependent
- Mostly dependent
- Totally dependent
- Unknown

6. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform WALKING IN HOME?

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence
- Activity did not occur

Instrumental Activities of Daily Living (IADL)

1. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform MEAL PREPARATION?

- Independent
- Sometimes dependent
- Mostly dependent
- Totally dependent
- Activity does not occur

2. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform MANAGING MEDICATIONS?

- Independent
- Needs reminders
- Somewhat dependent
- Totally dependent
- Activity does not occur

3. Specify the client's ability to manage money.

- Completely independent
- Needs assistance sometimes
- Needs assistance most of the time
- Completely dependent
- Activity does not occur

4. Specify the client's ability to perform heavy housework.

- Independent
- Needs assistance sometimes
- Needs assistance most of the time
- Unable to perform tasks
- Activity does not occur

5. Specify the client's ability to perform light housekeeping.

- Independent
- Needs assistance sometimes
- Needs assistance most of the time
- Unable to perform tasks
- Activity does not occur

6. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform SHOPPING?

- Independent
- Somewhat dependent
- Mostly dependent
- Totally dependent
- Activity does not occur

7. During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TRANSPORTATION?

- Independent
- Somewhat dependent
- Mostly dependent
- Totally dependent
- Unknown

8. Rank the client's ability to use the Telephone.

- Independent
- Able to perform but needs verbal assistance
- Can perform with some human help
- Can perform with a lot of human help
- Cannot perform function at all without human help
- Paramedical services needed