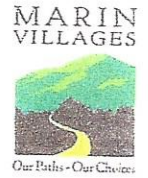


Marin Villages: Chore Program



ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

GetCare ID:		Intake Date:		Referent:	
Assessment Type: Initial		Eligibility: <input type="checkbox"/> Marin Resident <input type="checkbox"/> 60 or older			
Date of Birth:		Soc.Sec# (last 4):			
First Name:		Last Name:			
Address:		City:		*Zip Code:	
Home Phone: ()		Emergency Contact Name:			
Alternate Phone: ()		Phone: ()		Relationship:	
*Living Arrangement # of household members <input type="checkbox"/> <input type="checkbox"/> Declined to State		*What is your approximate household income? \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> Declined to State		*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	
*Gender Identity: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Declined to State <input type="checkbox"/> Female <input type="checkbox"/> Transgender		*Ethnicity (Check One) Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State		Language: <input type="checkbox"/> English speaking <input type="checkbox"/> Need interpreter <input type="checkbox"/> Non-English/Language:	
*Race: (Check One) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Russian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> Declined to State					
ASSESSMENT: Activities of Daily Living and Instrumental Activities of Daily Living:					
Notes: Enter physical concerns/limitations here.					
ADL's	Value	IADL's	Value	RATING SCALE VALUES 1 = Independent 2 = Verbal Assistance 3 = Some Human Help 4 = Lots of Human Help 5 = Dependent 6 = Declined to State	
Transfer mobility		Manage Medication			
Bathing		Shopping			
Dressing		Meal Preparation			
Toileting		Telephone			
Eating		Transportation			
Walking		Light Housework			
Grooming		Heavy Housework			
		Managing Money			

NOTES:

Highlighted areas are mandatory