



City of Arcadia Senior Citizen Services

COMPREHENSIVE SERVICE INTAKE FORM

Arcadia Senior Citizen Services receives funds from Los Angeles County Community Development Block Grant to administer the Information & Referral and the Senior Congregate Meal programs. As a provision for funding participants must be 55 years of age or older and Arcadia Senior Citizen Services must track program participation. Please complete this intake form and return it to the service provider. All information will be kept in the strictest confidentiality.

Name _____ Phone _____ Date _____

Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Emergency Contact _____ Relation _____ Phone _____

Date of Birth _____ Age _____ Sex _____ No. of People In Household _____

(Check all that are Applicable)

MARRIED SINGLE HEAD OF HOUSEHOLD DISABLED

RACE

- | | |
|--|---|
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> American Indian or Alaskan Native and White |
| <input type="radio"/> Asian | <input type="radio"/> Asian and White |
| <input type="radio"/> Black/African-American | <input type="radio"/> Black or African American and White |
| <input type="radio"/> Native Hawaiian/Other Pacific Islander | <input type="radio"/> American Indian or Alaskan Native and Black or African American |
| <input type="radio"/> White | |
| <input type="radio"/> Other (specify) _____ | |

ETHNICITY

- Hispanic or Latino
 Not Hispanic or Latino

PROGRAM: (Service Desired)

- | | | |
|--|---|--|
| <input type="radio"/> HICAP | <input type="radio"/> HOME OWNERS/RENTER ASSISTANCE | <input type="radio"/> NOTARY |
| <input type="radio"/> INCOME TAX | <input type="radio"/> COMPREHENSIVE ASSESSMENT | <input type="radio"/> SOCIAL SECURITY |
| <input type="radio"/> IN-HOME REGISTRY | <input type="radio"/> TELEPHONE REASSURANCE | <input type="radio"/> FRIENDLY VISITOR |
| <input type="radio"/> SENIOR MEALS | <input type="radio"/> HEALTH LECTURE/SCREEING | <input type="radio"/> TRANSIT |
| <input type="radio"/> EDUCATION | <input type="radio"/> VOLUNTEERING | <input type="radio"/> FINANCAIL/LEGAL |

I certify that the information provided is true and accurate. Supporting documentation can be provided upon request.

Signature _____ Date _____

Office Use Only:

Contract Period _____ Client ID No. _____ Census Track _____

Staff Signature _____