

Provider Intake & Release Form for: Transportation, Senior Center, Congregate

Date:	Staff:	AgingIS Entry Date:	
Last Name:		First Name:	
Phone:	House #:	Street:	
Apt/ Suite/ Bldg.:	City:	State:	Zip:
County:	Rural (RI, Mercer, Henry=No) <input type="checkbox"/>Yes <input type="checkbox"/>No Township:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity-Other <input type="checkbox"/> Decline to answer		
Sexual Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bi- sexual <input type="checkbox"/> Transgender <input type="checkbox"/> Queer/Questioning <input type="checkbox"/> Decline to answer			
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		Primary Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander	
Number in Household: enter text	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No Single: \$1,561/month Married: \$2,114 /month	Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No (Participant has Medicaid coverage or services)		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION: CONGREGATE ONLY			
Special Diet Needs: <input type="checkbox"/> General <input type="checkbox"/> Diabetic <input type="checkbox"/> Other please specify: enter text			
RELEASE OF INFORMATION			
By my signature or verbal consent, I give _____ permission for my information to be shared with _____ for the purpose of facilitation of services.			
Participant signature: _____ Date: _____			

Emergency Contact _____ Relationship _____
Phone Number _____
Address _____ _____