



Jefferson County Office for the Aging
EISEP Intake Screening Form

Date: ____/____/____

Jefferson CO OFA Staff: _____

Client: _____

Service Area Interest:

- _____ Personal Care
- _____ Housekeeping
- _____ PERS (Personal Emergency Response System)
- _____ Respite
- _____ Home Delivered Meals

_____ Is the service need an immediate need?

_____ OFA can provide you with local caregiving agency phone numbers for self- contact.

Eligibility for Medicaid:

	Yes	No
Does applicant have an active Medicaid case?		
Does applicant have a Medicaid Managed Long- Term Care (MLTC) Plan?		
Has applicant applied for Medicaid and been told a determination is pending?		
Is applicant receiving SSI?		
Is applicant <u>income</u> eligible for Medicaid?		
Is applicant receiving Medicaid with a Spend Down?		

IF APPLICANT IS UNDER 60 YEARS OF AGE, OR HAS MEDICAID OR IS ELIGIBLE FOR MEDICAID, THEN APPLICANT IS NOT ELIGIBLE FOR EISEP SERVICES FROM JEFFERSON COUNTY OFA.

Applicant Information:

Name (Last, First, MI)			
911 Address			
Mailing Address			
Telephone			
Cell			
Email Address			
Veteran	Yes:	No:	
Frail/Disabled	Yes:	No:	
Age & Date of Birth	Age:	DOB:	
Sex	Male:	Female:	Other:
Primary Language Interpretation	English:	Needs Services:	Other:
Marital Status	Single:	Married:	Other:
Living Arrangements	Alone:	Spouse:	Relatives/Other:
Hearing	Impairment:	Aids:	
Vision	Impairment:	Glasses:	
Physical	Impairment(s):		

Emergency or Other Contact Person or Caregiver:

Name (Last, First, MI)			
Relation to Applicant			
Address			
Telephone			
Cell			
Email Address			

Reason for Assistance:

Preliminary Assessment

EISEP programmatic eligibility requires the presence of unmet need in at least:

One (1) Activities of Daily Living (ADL)

OR Two (2) Instrumental Activities of Daily Living (IADL).

“Unmet need” means an impairment (no matter the severity) in some daily function as listed, and that impairment is not being fully met, for any reason.

Activities of Daily Living (ADL’s) Unmet Need: (Need 1)	Yes	No
Bathing		
Mobility		
Transferring		
Dressing		
Personal Hygiene		
Toileting		
Eating		
Other		

Instrumental Activities of Daily Living (ADL's) Unmet Need: (Need 2)	Yes	No
Shopping		
Transportation		
Laundry		
Housework/Cleaning		
Light Meals- Prepare or Reheat		
Ability to Handle Personal Finances		
Ability to Use the Telephone		
Ability to Take Medications as prescribed		
Other		
Does applicant have unmet needs in at least 1ADL or 2 ADLs? If No, applicant is <u>ineligible</u> for EISEP.		

Income:

Total Monthly Income/ Deposits to Bank Account	Monthly Amount
Salary or Wages	\$
Pension or Retirement Income	\$
IRA Distributions (RMD)	\$
Social Security	\$
Interest Income	\$
Rental Income	\$
Other Income	\$

*****For OFA Staff Use Only*****

Does applicant appear eligible for EISEP?					
Has Medicaid or Appears Eligible for Medicaid- Referral Made to DSS?					
Referral Made to Other Program/ Service/ Agency?					
Referral to Other OFA Services?	HDM	HIICAP	HEAP	SNAP	Other