



# Jefferson County Office for the Aging EISEP & Caregiver Support Intake Screening Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jefferson CO OFA Staff: \_\_\_\_\_

Client: \_\_\_\_\_

## Service Area Interest:

### Non-Medical Services

- \_\_\_\_\_ Contracted Personal Care
- \_\_\_\_\_ Contracted Housekeeping
- \_\_\_\_\_ PERS (Personal Emergency Response System)
- \_\_\_\_\_ In-Home Respite
- \_\_\_\_\_ Adult Respite Day Program
- \_\_\_\_\_ Consumer Directed Program
- \_\_\_\_\_ Home Delivered Meals
- \_\_\_\_\_ Caregiver Services

\_\_\_\_\_ 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? (Date of appointment with Medicaid or date of pending determination)		
Is applicant receiving SSI?		
Is applicant income eligible for Medicaid?		

Is applicant receiving Medicaid with a Spend Down?		
Does applicant have a Long-Term Care Insurance Policy?		

**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 Street Address			
Mailing Address			
Telephone			
Cell			
Email Address			
United States Citizen	Yes:	No:	
Veteran	Yes:	No:	
Frail/Disabled	Yes:	No:	
Age & Date of Birth	Age:	DOB:	
Sex	Male:	Female:	Other:
Primary Language or Secondary Language Interpretation	English:	Language Line Services:	ASL:
Marital Status	Single:	Married:	Other:
Living Arrangements	Alone:	Spouse:	Relatives/Other:
Hearing	Impairment:	Aids:	
Vision	Impairment:	Glasses:	
Physical	Impairment(s):		

**Income:**

<b><u>Total Monthly Income</u></b>	<b><u>Monthly Amount</u></b>
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<b>Monthly Social Security</b>	\$
<b>Veterans Benefits</b>	\$
<b>Pension or Retirement Income</b>	\$
<b>Salary or Wages</b>	\$
<b>Interest/Dividends/Annuity/Trust Income</b>	\$
<b>Rental Income</b>	\$
<b>Other Income</b>	\$

**Emergency or Other Contact Person or Caregiver:**

<b>Name (Last, First, MI)</b>	
<b>Relation to Applicant</b>	
<b>POA, HCP, Guardian</b>	
<b>Address</b>	
<b>Home Telephone</b>	
<b>Work or Cell</b>	
<b>Email Address</b>	

**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.**

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

<b>Instrumental Activities of Daily Living (ADL’s) Unmet Need: (Need 2)</b>	<b>Yes</b>	<b>No</b>
<b>Shopping</b>		
<b>Transportation</b>		
<b>Laundry</b>		
<b>Housework/Cleaning</b>		
<b>Light Meals- Prepare or Reheat</b>		
<b>Ability to Handle Personal Finances</b>		
<b>Ability to Use the Telephone</b>		
<b>Ability to Take Medications as prescribed</b>		
<b>Other</b>		

<b>Does applicant have unmet needs in at least 1ADL or 2 ADLs? If No, applicant is <u>ineligible</u> for EISEP.</b>		
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