

BRANCH AREA TRANSIT AUTHORITY
CLIENT INTAKE FORM
AREA AGENCY ON AGING

BIRTH DATE: / /

FIRST NAME: MIDDLE INITIAL:

LAST NAME:

STREET ADDRESS:

APARTMENT #:

CITY:

ZIP:

PHONE NUMBER: -

GENDER: FEMALE MALE

FRAIL/DISABLED: NO YES WHEELCHAIR

DO YOU LIVE ALONE: YES NO

DOES SOMEONE ASSIST YOU IN COOKING MEALS, DOING HOUSEWORK, LAUNDRY, OR GETTING SHOPPING OR ERRANDS DONE OTHER THAN BATA: YES NO

IF YES, WHAT IS THEIR REALATIONSHIP TO YOU: _____

RACE (CHECK ALL THAT APPLY): WHITE BLACK HISPANIC
 ASIAN HAWAIIAN/ PACIFIC ISLANDER AMERICAN INDIAN/ ESKIMO

ANNUAL INCOME: SINGLE = \$12,490 ABOVE BELOW
TWO PERSON = \$16,910 ABOVE BELOW

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ON THIS FORM WILL BE USED FOR STATE AND FEDERAL REPORTING REQUIREMENTS AND RESEARCH ONLY. NO OTHER USE OF PERSONAL IDENTIFYING INFORMATION ON THIS FORM IS INTENDED UNLESS I AUTHORIZE IT OR A COURT ORDERS IT.

SIGNATURE _____
CLIENT OR PERSON LEGALLY RESPONSIBLE