

# CITY OF LOS ANGELES - DEPARTMENT OF AGING CLIENT INTAKE

**CONFIDENTIAL**

Intake Date: \_\_\_/\_\_\_/\_\_\_  
 Intake Provider: VJCC  
 Case Manager: \_\_\_\_\_  
 Emergency Voluntary Registry:   
 Client ID: \_\_\_\_\_

Add  
 Change  
 Delete

**REGISTRANT CLASSIFICATION**  
 Senior Client  
 Non-Senior Client  
 Non-Senior Volunteer  
 Spouse of Senior Client  
 Qualified Non-Senior

Spouse ID: \_\_\_\_\_

## PART A: APPLICANT NAME AND ADDRESS

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_  
 RES. ADDR.: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
STREET# DIR STREET NAME TYPE APT#  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ RURAL:   
 Declined to State:

MAIL ADDR: \_\_\_\_\_  
(if diff. from above), STREET# DIR STREET NAME TYPE APT# PO BOX  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

## PART B: APPLICANT DESCRIPTION

MARITAL STATUS:  M  S  D  SP  W  DP  Declined to state      DOB: \_\_\_/\_\_\_/\_\_\_

Employment Status:  Fulltime  Part-time  Retired  Unemployed  Declined to state

What is your Gender? :  M  F  Transgender M to F  Transgender F to M

Gender queer/Gender Non-Binary  Not listed; please specify: \_\_\_\_\_  Declined to state

What is your sex at birth?:  M  F  Declined to state

How do you describe your sexual orientation or sexual identity? :  Straight/Heterosexual  Bisexual

Gay/Lesbian/Same Gender Loving  Questioning/Unsure  Not listed. Please specify: \_\_\_\_\_

Declined to State

### ETHNICITY/RACE

Hispanic/ Latino:  Y  N  Declined to state

White       Chinese       Japanese       Filipino       Korean  
 Vietnamese       Asian Indian       Laotian       Cambodian  
 Other Asian       Black/ African Amer.       Guamanian       Hawaiian  
 Samoan       Other Pacific Islander       Amer. Indian/Alaskan Native  
 Other Race       Multiple Race       Declined to state

### Education Level

Grade School       Some College  
 Some High School       College Graduate  
 High School Graduate       Post Graduate  
 None

