## CITY OF LOS ANGELES - DEPARTMENT OF AGING CLIENT INTAKE

CONFIDENTIAL

Intake Date:// Intake Provider://			
	☐ Change	Senior Client	☐ Non-Senior Client
Case Manager:	□ Delete	☐ Non-Senior Volunteer	☐ Spouse of Senior Client
Emergency Voluntary Registry:		☐ Qualified Non-Senior	
Client ID: Spo	ouse ID:		
PART A: APPLICANT NAME AND	ADDRESS	The Burkley of the	2. 名为2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
LAST NAME:		FIRST:	MI:
RES. ADDR.:		PHONE: (	)
STREET# DIR STREET NAME		TYPE APT#	•
CITY:	STATE:	ZIP:	RURAL:
CITT.			Declined to State:
			100 100 100 100 100 100 100 100 100 100
MAIL ADDR:			
(if diff. from above), STREET# DIR STREET NAME		TYPE APT# POBO	
CITY:	STATE: _	ZIP:	
	TY O N TO THAT I SHOW IN THE	<b>经</b> 等人的证据是一个的原理。	DOSCOTO VICENTA GRANTONIA
PART B: APPLICANT DESCRIPT			RECULABILITY AND RESIDENCE AND
MARITAL STATUS: DM DS DD DS	$P \square W \square DP \square D$	eclined to state DOB:	1.1.1.
Employment Status:   □Fulltime □Part-tim	ne Retired DUner	nployed Declined to state	e
What is your Gender? :□M □F □ Trans			
☐ Gender queer/Gender Non-Binary ☐ No	t listed nlease specif	v:	☐ Declined to state
Gender queen dender Non-Britary E No	clined to state		
What is your sex at birth?:□M □F □ Dec	clined to state	- Ctual abt / Latara any und	Disavual
How do you describe your sexual orientation	n or sexual identity?	Listraigno Heterosexual	LI DISCAUAI
TO COM TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T	uestioning/Unsure L		
☐ Gay/Lesbian/Same Gender Loving ☐ Q		I Not listed. Please specify	:
☐ Gay/Lesbian/Same Gender Loving ☐ Q  ☐ Declined to State		I Not listed. Please specify	
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Declined to State	OE A TOTAL STATE OF THE STATE O	Educ	D Cation Level
ETHNICITY/RAC  Hispanic/ Latino:  Y N Declined to st  White DChinese DJapane	tate ese □Filipino □K	Educe School □ Some High School	Some College College Graduate
Declined to State    Comparison of the compariso	tate ese	Educ	Some College College Graduate

□Declined to state

□Other Race □Multiple Race

	REFFERE	RED BY	Functionally Impaired	Total Househo	ld Income
☐ Advertisement	□ Neighbor	☐ Adult Protective Services	☐ Vision Impairment	# of Household Me	mbers:
☐ Presentation	☐ Friend	☐ Med. Professional	☐ Hearing Impairment		
☐ Brochure	☐ Family	☐ Social Worker	☐ Mobility	□ \$0 - 10,000	- or -
□ Walk-in			☐ Cognitive	\$	- or -
			☐ Declined to s	tate	
PART C: API	PLICANT	CONTACTS			
PART C: API	PLICANTO	CONTACTS	( )		
	PLICANT	CONTACTS		Phone	- Ext
Doctor:		EONTACTS	TYPE SUITE	Phone	Ext
Doctor:Address:City:	T# DIR STREE		TYPE SUITE  State: Zip:		- Ext
Doctor:Address:	T# DIR STREE		State: Zip:		- Ext