

Oconto County Commission on Aging, Inc.
LOAN CLOSET

Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Birth Date: _____

Ethnicity: (Circle one)

White Native American Black Asian Hispanic Other: _____

Sex: Male Female

Income per month:

Single: \$957.50 Above Married: \$1,292.50 Above
Below Below

Including yourself, how many people live in your home? _____

Caregiver: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Birth Date: _____

Ethnicity: (Circle one)

White Native American Black Asian Hispanic Other: _____

Sex: Male Female Relationship: _____

Income per month:

Single: \$957.50 Above Married: \$1,292.50 Above
Below Below

Including yourself, how many people live in your home? _____

Equipment Loaned: _____

PLEASE READ, SIGN & DATE THE OTHER SIDE

RECIPEINT ONLY

Check each ADL that you/client have/has difficulty in completing or need help with

	<u>Difficulty (√)</u>
Getting in & out of the bath/shower or preparing the bath, washing & drying	_____
Dressing and undressing	_____
Completing toilet activities and personal	_____
Getting in and out of bed or a chair	_____
Using utensils and eating without help	_____
Walking up and down a flight of stairs or walking without assistance	_____
TOTAL Number of ADLS	_____

Check each IADL that you/the client have/has difficulty in completing or need help with:

	<u>Difficulty (√)</u>
Preparing own meals	_____
Medication management	_____
Handling bill paying, banking, etc.	_____
Doing heavy housework and outside chores	_____
Doing light housework	_____
Shopping for personal items and/or groceries	_____
Traveling in a van, taxi, bus or car	_____
Answering the telephone or calling out on the telephone	_____
TOTAL Number of IADLS	_____

The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic data-base and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff.

Signature: _____ **Date:** _____