



PPEJC ELDER SHELTER INTAKE FORM

Referring Agency Information

Name and title of person making referral _____

Phone _____ Fax _____ Email _____

Has abuse been reported to Police/APS? Who? _____

Has the Victim been admitted in past _____ if yes, which facility _____

Agency making referral: Adult Protective Services Police Hospital (others?)

Agency Address: _____

Demographic Information of Victim

First Name _____ MI. _____ Last Name _____

Male Female Date of Birth _____

Social Security Number _____

Type of Abuse: Physical Sexual Psychological Neglect Financial

Other _____

Current Address _____ City _____

State _____ Zip _____ Home Phone _____ Is it Safe to Contact? _____

Cell Phone _____ Is it Safe to Contact? _____

Married Yes No Dating Partner Yes No

Spiritual Preference _____

Emergency Contact Name _____ Phone Number _____

Relationship to Victim _____ Is it safe to contact this person? _____



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Insurance Information

Medicare Number _____ Part A _____ Part B _____ Part D _____ N/A

Medicaid Number _____ County _____ N/A _____

Medicaid Case Worker Name _____ Phone Number _____

Other Insurance _____ ID # _____ N/A _____

Medical Information

List of Medical Conditions/Diagnosis _____

List of Medications _____

Allergies _____

List and dates of recent hospitalizations _____

List of Psychological Conditions/Diagnosis _____

Psychological/Mental Health Hospitalizations list and dates _____



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History of Substance Abuse or Alcohol Abuse _____

Current Usage (indicate what) _____

Current Smoker _____ Tobacco _____ Marijuana _____ Vaccination _____

Social History, include any potential for violence and suicidal ideations _____

Legal Information

Legal Guardian (if Applicable) _____ Phone _____

Power of Attorney (if Applicable) _____ Phone _____

Information Regarding Abusive Situation

Name and Relationship of Person(s) Committing Abuse _____



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Address of person(s) Committing Abuse _____

Does Person committing Abuse have access to guns or weapons? ___yes ___No ___unknown

Is there a Court order in place? _____ Kind _____

Facility to Review & Contact Peron _____

*Please Provide any copies of Power of Attorneys, medical cards, Identification cards, Court Orders, (other?)

Facility Address /fax/phone

Facility acceptance /decline section

Notes:

