

**SENIOR CITIZENS AGING SERVICES
INTAKE, PROFILE AND REFERRAL (IPR) FORM**

INSTRUCTIONS

Title III reporting requirements provide statistical data for management and advocacy initiatives serving as indicators for new and continued funding of programs for seniors. The data collected is used for budget justifications, congressional inquiries, program development and mandated reports for federal, state and local agencies. Information must be accurate for it to be useful in supporting program services.

- ◆ **FORM:** This form is an Intake, Profile and Referral (IPR) Form, and not an assessment form. Profile characteristics are used in developing new programs to meet the needs of the elderly. Each Service Provider may have their own assessment form for their specific programs.
- ◆ **DATA RETENTION:** Client data is inputted and retained in a main registry.
- ◆ **INCOME LEVEL:** The Income Level is based on the U.S. Department of Health and Human Services Poverty Guidelines and shall be completed before the Intake, Profile and Referral Form is processed.
- ◆ **PRIORITIZATION OF SERVICES:** Based on the need to activate Prioritization of Services, the number of persons to be served will be determined by the existing conditions of clients enrolled in a program and those on a wait list at the time of implementation. Information on mobility, support system, housing condition, activities of daily living, health status and financial assets is collected should prioritization of services be necessary.
- ◆ **REFUSAL TO ANSWER:** Should a client refuse to answer a certain question, leave it blank. In the comments section, list the reason for not answering the question. This does not apply to Income Level.
- ◆ **SIGNATURE:** The signature of the client or responsible party is required before services can be provided.
- ◆ **SPECIAL ACCOMMODATIONS:** Clients requiring special accommodations shall inform the program in advance of their requirements.

◆ **PROGRAM SPECIFIC INFORMATION:**

- **Case Management Services.** Case Management Services Program provides a systematic process of assessment and reassessment, planning, service and care coordination, referral, and monitoring. The Case Management Services Program serves as a key entry point for aging services, determines eligibility and authorizes services for individuals requesting Adult Day Care Services, In-Home Services and Home-Delivered Meals. Entry into these programs shall not be permitted before an assessment is made and eligibility established by Case Management Services.
- **Transportation Services.** In order to meet demands, clients requesting transportation shall make reservations with the Transportation Services Program in advance for service. If the date requested cannot be accommodated, the Transportation Services Program shall recommend an alternate date. Requests for persons using wheelchairs or having a Personal Assistant/Personal Care Attendant shall be made in the same manner, whether for Center participation or to and from medical appointments, etc.
- **Elderly Nutrition Program.** To the extent practicable, meals are prepared to meet special dietary needs of eligible participants, and shall be supported by a statement from the client's doctor or religious leader stating the necessity for special meals. Mechanical (chopped) or pureed (blenderized) meals are not classified as special meals and shall be provided to the client at their request.

**FOR ADULT PROTECTIVE SERVICES (APS)
REFERRALS, CALL (671) 735-7421 / 7415
Monday – Friday, 8 a.m. to 5 p.m.
(Except on Recognized Holidays)
OR
24-HOUR APS
CRISIS INTERVENTION HOTLINE
at (671) 632-8853
TWENTY-FOUR HOURS A DAY
SEVEN DAYS A WEEK.
Email: APSGuam@dphss.guam.gov**

**SENIOR CITIZENS AGING SERVICE
INTAKE, PROFILE AND REFERRAL (IPR) FORM AND FINANCIAL ASSETS SCALE**
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.

A. CLIENT IDENTIFICATION		
Last Name		
First Name		
Middle Name		
Nickname		
Email Address		
Homeless	☐ Yes ☐ No	
Receives Care from NFCSP Caregiver	☐ Yes ☐ No	
Requires Assistance in an Emergency	☐ Yes <i>(Specify)</i>	☐ No
Home Address		
Mailing Address		
Phone (1)		
Phone (2)		
B. CLIENT CONTACTS		
Primary Emergency Contact		
Relationship		
Address		
Phone		
Email		
Physician Contact		
Physician Type		
Address		
Phone		

Email			
Primary Caregiver			
Relationship			
Address			
Phone			
Email			
Personal Contact			
Relationship			
Address			
Phone			
Email			
C. CLIENT DEMOGRAPHICS			
Date of Birth		Age	
Gender	☐ Male	☐ Female	
Transgender	☐ Male	☐ Female	
Disabled	☐ Yes <i>(Specify Type)</i>		☐ No
Disability	☐ Permanent ☐ Temporary ☐ Not Applicable (N/A)		
Physical Disability	<i>(Specify)</i>		☐ N/A
Intellectual Disability	<i>(Specify)</i>		☐ N/A
Mental Illness	<i>(Specify)</i>		☐ N/A
Cerebral Palsy	<i>(Specify)</i>		☐ N/A
If < 60 Reason for Service	☐ Caregiver ☐ Disabled ☐ Meal Volunteer	☐ Other: _____ ☐ Spouse ☐ N/A	
Citizenship <i>(Specify)</i>			

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<i>Race (Specify)</i>	☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ Multiple	Housing Type	☐ House/Own ☐ House/Rent ☐ Apartment/Duplex ☐ Residential Care Facility ☐ Nursing Facility ☐ Other ☐ None
<i>Ethnicity</i>	(Specify)	<i>Lives With</i>	☐ Alone ☐ Family ☐ Spouse ☐ Non-Relative ☐ Other
Primary Language	(Specify)	Referral Source	☐ Self ☐ Family/Friend ☐ Agency: _____ ☐ Other: _____
English Fluency	☐ Needs Translation ☐ Limited ☐ Fluent	Sources of Support	☐ Family ☐ Friend/Neighbor ☐ Paid Help ☐ Has help but unsure who provides help ☐ Unknown
Literacy	☐ In English ☐ In Primary Language ☐ In Both ☐ Illiterate	Assisted Transportation	☐ Yes ☐ No
<i>Relationship Status</i>	☐ Married ☐ Divorced ☐ Separated ☐ Single (Never Been Married) ☐ Widowed ☐ Domestic Partner	Needs an Escort	☐ Yes ☐ No
<i>Employment Status</i>	☐ Full-Time ☐ Part-Time ☐ Retired ☐ Un-Employed ☐ Volunteer ☐ Disabled	Primary Transportation	☐ Owns Car ☐ Aide ☐ Friend ☐ Public Transport ☐ Senior Transport ☐ Family ☐ Other ☐ None
Veteran Status	☐ Veteran ☐ Spouse ☐ Child ☐ No		
<i>Urban/Rural</i>	☐ Rural		

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Income Level				
Is your income less than				
Unit Size	Per Month	Per Year	Yes	No
One (1)	\$1,304.17	\$15,650.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Two (2)	\$1,762.50	\$21,150.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Three (3)	\$2,220.83	\$26,650.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Four (4)	\$2,679.17	\$32,150.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Five (5)	\$3,137.50	\$37,650.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Six (6)	\$3,595.83	\$43,150.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Seven (7)	\$4,054.17	\$48,650.00		
Is your combined income less than				
Unit Size	Per Month	Per Year	Yes	No
Eight (8)	\$4,512.50	\$54,150.00		
☐ For families/households with more than 8 persons, add \$5,500.00 for each additional member. \$ _____				
Income Information	☐ Above 100% FPL ☐ At or Below 100% FPL			
Financial Assets <i>(Refer to FAS Scale)</i>	☐ 29% to 49% below the poverty level ☐ 50% to 74% below the poverty level ☐ 75% or greater below the poverty level ☐ N/A			
Receives Social Security	☐ None ☐ Retirement ☐ Disability ☐ Dependent			

Receives Private Pension	☐ Yes ☐ No
Health Insurance	<i>(Specify)</i>
Medicare	☐ Part A ☐ Part B Claim No. _____ ☐ None ☐ Part D Claim No. _____ ☐ None ☐ Medicare Supplemental Claim No. _____ ☐ None
Medicaid	☐ Yes Claim No. _____ ☐ No
Guardian/Conservator	☐ None ☐ Voluntary ☐ Involuntary
Person/Organization Holding Guardianship/Conservatorship	
Guardian Conservator Type	☐ Estate ☐ Person ☐ Both ☐ Dementia Power ☐ Medical Authority
Durable Power of Attorney	☐ Unknown ☐ Limited ☐ Health ☐ Both ☐ None

SENIOR CITIZENS AGING SERVICE
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Supplemental Nutrition Assistance Program (SNAP)	☐ Yes ☐ No	Assistive Devices (Specify)	
D. CLIENT FUNCTIONAL ASSESSMENT		Mobility Devices (Specify)	
Impairment of Activities of Daily Living (ADL): Indicate the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues:		Impairment in Instrumental Activities of Daily Living (IADL): Indicate the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, stand-by assistance, supervision or cues:	
Transfer Mobility	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Preparing Meals	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Bathing	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Shopping for Personal Items	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Dressing	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Medication Management	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Toileting	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Managing Money	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Eating	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Using Telephone	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Ambulating (i.e. Walking)	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent	Doing Heavy Housework	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent

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Doing Light Housework	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Transportation Ability (Refers to the individual's ability to make use of available transportation without assistance)	☐ Unknown ☐ Independent ☐ Supervision ☐ Assistance ☐ Dependent
Communication Skills Status	
Receptive	☐ Unknown ☐ Good ☐ Fair ☐ Poor ☐ Does Not Understand
Expressive	☐ Unknown ☐ Good ☐ Fair ☐ Poor ☐ Cannot Be Understood
Sensory Skills	
Vision	☐ Unknown ☐ Good ☐ Limited ☐ Legally Blind ☐ Blind
	☐ Glasses ☐ Other
Hearing	☐ Good ☐ Limited ☐ Deaf
	☐ Unknown ☐ Hearing Aid ☐ Other

Support System	☐ Unknown ☐ Support is Available ☐ Minimum Support ☐ No Support
Housing	☐ Unknown ☐ Full Concrete ☐ Semi Concrete ☐ Tin and Wood
Homebound	☐ Unknown ☐ Yes ☐ No
Bedridden	☐ Unknown ☐ Yes ☐ No
E. AGING SERVICES REQUESTED	
☐ Adult Day Care (ADC) Services (Specify Center) Elderly Nutrition Program (ENP): ☐ Congregate Meals (Center/Day Care) ☐ Home-Delivered Meals (Homebound) Meal Type: ☐ Regular ☐ Mechanical ☐ Chopped ☐ Pureed/Blenderized ☐ Special (<i>Provide document from physician or religious leader to certify special meal requirement</i>)	
☐ Case Management Services (CMS)	
☐ In-Home Services (IHS)	
☐ Legal Assistance Services (LAS) (Specify) Expedite for ADC Admission Received By/Date	
☐ National Family Caregiver Support Program (NFCSP)	
☐ Senior Center Operations (SCO)	

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(Specify Center) ☐ Has an individual with disability 18 and older who lives with the older individual ☐ Transportation Services (TSP) ☐ Walks with no assistance (Non-assisted) ☐ Walks with assistance (Assisted) ☐ Field Trips ☐ Food Commodity (Center) ☐ Food Commodity (Non-Center) COMMENTS:
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F. HIGH RISK CLIENTS UNDER EMERGENCY DECLARATION

A client is considered High Risk under Emergency Declaration if any of the following exists. This information shall be provided to the client's village mayor in preparation for emergencies. <i>Check all that apply.</i> ☐ Bedridden. ☐ Requires transportation and/or escort assistance for evacuation to shelter, e.g., those living alone. ☐ Requires refrigeration of medication and/or is insulin dependent. ☐ Requires oxygen. ☐ Lives in substandard housing. ☐ Lives in a low-lying area. ☐ Lives alone. ☐ Not Applicable.
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G. ELIGIBILITY AND CONSENT OF CLIENT

Individuals age sixty (60) years and older are eligible for Title III programs under the Older Americans Act. This Act also prioritizes services for:

- ◆ Persons who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated; and
- ◆ Persons with greatest economic need and older individuals with greatest social needs (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas); and
- ◆ Older individuals with disabilities (with particular attention to individuals with severe disabilities).

Voluntary contributions to Title III programs are encouraged and used to expand services. Services may not be denied because the client will not or cannot contribute to the cost of the program.

I CERTIFY THE INFORMATION GIVEN BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND IT WILL BE KEPT CONFIDENTIAL AND USED ONLY TO HELP ME RECEIVE THE BENEFITS/SERVICES WHICH I MAY BE ENTITLED.

I HEREBY AUTHORIZE THE DISCLOSURE AND RELEASE OF THIS INFORMATION ONLY FOR THE PURPOSES FOR WHICH IT IS INTENDED. THIS AUTHORIZATION MAY BE REVOKED BY THE UNDERSIGNED AT ANY TIME BY GIVING WRITTEN NOTICE TO THE PARTIES AUTHORIZED HEREIN.

Signature of Client or Authorized Representative	
Date	
Relationship to Client, if Authorized Representative	
H. INTAKE INFORMATION	
Intake Worker	
Signature of Intake Worker	

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Date/Time of Intake	
Organization	
Phone Number	
IPR Forwarded To ☐ Case Management Services Program ☐ Adult Day Care Services Program _____ (Specify Center) ☐ In-Home Services Program ☐ Elderly Nutrition Program (Home-Delivered Meals) ☐ Elderly Nutrition Program (Congregate Meals) ☐ Legal Assistance Services Program ☐ Senior Center Operations Program _____ (Specify Center) ☐ Transportation Services Program ☐ National Family Caregiver Support Program	
Forwarded By	
Date Forwarded	
Time Forwarded	
I. RECEIVING ORGANIZATION INFORMATION	
IPR Received By	
Date	
Time	
Date of Initial Contact with Client	

Time of Initial Contact with Client	
Time of Intake	
Organization	
Phone Number	
<i>Healthy Eating for Older Adults</i> <i>Make eating a social event.</i> Enjoy meals with friends or family members as often as possible. Take advantage of technology to enjoy meals virtually with loved ones in different cities or States. <i>Drink plenty of liquids.</i> You may not always feel thirsty when your body needs fluids, and that's why it's important to drink beverages through the day. Enjoy coffee and tea if you like, or some water, milk, or 100% juice. <i>Add a touch of spice.</i> Limiting salt is important as you get older. Fresh and dried herbs and spices, such as basil, oregano, and parsley, add flavor without the salt. <i>Make the most of your food choices.</i> Older adults need plenty of nutrients but fewer calories, so it's important to make every bite count. Foods that are full of vitamins and minerals are the best way to get what you need. <i>Be mindful of your nutrient needs.</i> You may not be getting enough nutrients such as calcium, vitamin D, potassium, dietary fiber, vitamin B12, and also protein. Read the Nutrition Facts label on packaged foods and also speak with your healthcare provider about possible supplements. <i>Keep food safe.</i> Discard food if it has an "off" odor, flavor, or texture. Refer to the "use by" dates for a guide to freshness. Canned or frozen foods store well if shopping trips are difficult. https://www.myplate.gov/tip-sheet/healthy-eating-older-adults	

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J. CLIENT'S HOME

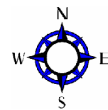
IF MAP IS SENT SEPARATELY, INCLUDE THE CLIENT'S NAME AND SSN AT TOP OF MAP

Does the home have an accessible driveway?	☐ Yes	☐ No
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If you use a wheelchair, is there an accessible ramp?	☐ Yes	☐ No
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MAP TO THE CLIENT'S HOME

In the box below, draw a map to the client's residence marking the client's home with an "X". Indicate the house number, street name and the village where the client is from. Include primary and secondary access roads, type and color of the house, if fenced, landmarks such as adjacent to or across from the village community center, store, bus stop, etc. ***All pets at your home shall be controlled by leash, cage, etc. in accordance with P.L. 22-13 and 26-76.***



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Financial Assets Scale (FAS)

(U.S. Department of Health and Human Services Poverty Guidelines for 2025)

Refer to Page 3 on IPR

Unit Size One (1)	Per Month \$1,304.17	Per Year \$15,650.00
29% to 49% below the poverty level	Earning between \$925.96 and \$665.13	Earning between \$11,111.50 and \$7,981.50
50% to 74% below the poverty level	Earning between \$652.08 and \$339.08	Earning between \$7,825.00 and \$4,069.00
75% or greater below the poverty level	Earning below \$326.04	Earning below \$3,912.50

Unit Size Two (2)	Per Month \$1,762.50	Per Year \$21,150.00
29% to 49% below the poverty level	Earning between \$1,251.38 and \$898.88	Earning between \$15,016.50 and \$10,786.50
50% to 74% below the poverty level	Earning between \$881.25 and \$458.25	Earning between \$10,575.00 and \$5,499.00
75% or greater below the poverty level	Earning below \$440.63	Earning below \$5,287.50

Unit Size Three (3)	Per Month \$2,220.83	Per Year \$26,650.00
29% to 49% below the poverty level	Earning between \$1,576.79 and \$1,132.63	Earning between \$18,921.50 and \$13,591.50
50% to 74% below the poverty level	Earning between \$1,110.42 and \$577.42	Earning between \$13,325.00 and \$6,929.00
75% or greater below the poverty level	Earning below \$555.21	Earning below \$6,662.50

Eight (8) or more in Family Unit Size, add \$458.33 per month or \$5,500.00 per year for each additional household member.

\$ _____