

Please fill out the three page Home Handyman Intake form and return to:

Home Handyman Program
233 S. 10 St., #101
Lincoln NE 68508.



You must be at least age 60 and own and live in the home for which the work is requested. (Some exceptions, call our office, (402) 441-7030.

The third page of the intake form is a request for financial information to be filled out if you wish to pay for services on our sliding scale. Please include the entire household's income and medical expenses when filling that page out. Again, call if you have questions.



2014 Home Handyman Program Enrollment ❖ Lancaster County

CLIENT INTAKE FORM

Aging Partners will maintain the confidentiality of your information.
Your information will never be sold.

Legal Name: First: _____ MI: _____ Last: _____

Likes to go by: _____ **Social Security Number:** (Last 4 Digits) _____

Marital Status:

- Divorced
- Married ⇔ ⇔
- Other
- Separated
- Single
- Widowed

Spouse's full name: _____

Spouse's date of birth: _____

Gender: Male Female Other

Date of Birth: _____
Month/Day/Year

Phone Number: (____) _____ **Alternate Phone Number:** Cell (____) _____

Email Address: _____

Residence Address:

Street: _____ City: _____ Zip: _____

Mailing Address:

Street/PO Box: _____ City: _____ Zip: _____

Person/Organization responsible for payment of your Handyman service if other than applicant (you):

Name of person or organization: _____

Address: _____ Zip: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Home address: _____ Zip: _____ Cell/Work Phone: _____

Household Income: *Please use Gross or Before-Tax figures*

- **One** (1) person household: Income above **or** below \$11,670 annually or \$973 monthly
- **Two** (2) person household: Income above **or** below \$15,730 annually or \$1,311 monthly
- _____ person household: Income above **or** below _____ annually

For Office Use Only:

Activation Date: _____ Rate Code: _____ Hourly Rate: _____

SAMS#: _____ NAMIS# _____ Initials: _____

Race: (Please check all that apply)

- American Indian/ Native Alaskan Native Hawaiian/ Other Pacific Islander
- Asian White
- Black/ African American Other Unknown

For each of the following, please select only one:

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Lives with: Lives Alone Lives with Family or Friend

Lives in Nursing Facility/Institution Lives with Spouse

Living Arrangement:

- Homeowner/Co-owner Rents Other _____
- Independent Senior Housing Assisted Senior Housing
- Lives with Family or Friend Nursing Facility/Institution

Benefits: (Please check all that apply)

- Medicare Medicaid Waiver
- Medicaid Social Services Grant, (Title XX)

Are you a veteran who served on active duty in the armed forces of the United States? Yes No

Do you understand English without help? Yes No

What is your Primary Language? _____

Activities of Daily Living & Instrumental Activities of Daily Living

Circle Yes or No

(IADL) Do you need assistance with
any of the following?

- | | | |
|--|-----|----|
| Heavy housework / yard work / snow removal | Yes | No |
| Light housework / laundry | Yes | No |
| Medication management | Yes | No |
| Money management | Yes | No |
| Transportation | Yes | No |
| Preparing meals | Yes | No |
| Shopping | Yes | No |

(ADL) Do you have difficulty with
any of the following?

- | | | |
|--------------|-----|----|
| Bathing | Yes | No |
| Dressing | Yes | No |
| Eating | Yes | No |
| Toileting | Yes | No |
| Transferring | Yes | No |
| Walking | Yes | No |

Are you interested in receiving information about any of the following topics? (Please check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Health/Foot Clinics | <input type="checkbox"/> Caregiving | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Housing Issues | <input type="checkbox"/> Insurance/Medicare | <input type="checkbox"/> Living Well Magazine |
| <input type="checkbox"/> Nutrition Education | <input type="checkbox"/> Medical Alert System | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Wellness Classes | <input type="checkbox"/> Help Living at Home | <input type="checkbox"/> Tax Assistance | <input type="checkbox"/> Transportation |

How would you like to receive information? Mail Phone Email

I understand that demographic information will only be shared with other governmental agencies, such as the Nebraska State Unit on Aging, for the purpose of developing required state and federal reports. I understand that my name will only be shared with the Nebraska State Unit on Aging for the same purpose. I also understand that I may receive information from Aging Partners about services they offer.

Signature _____ **Today's Date** _____

**HOME HANDYMAN PROGRAM
SLIDING FEE REQUEST**

*To be considered for a reduced rate, all sections must be completed.
Incomplete requests cannot be processed.*

Monthly household income:

Social Security \$ _____
Retirement \$ _____
Pension \$ _____
Employment income \$ _____
Rental income \$ _____
Interest income \$ _____
Other income \$ _____

If you have any questions,
or would like help
completing this form,
please call
402-441-7030

Total monthly household income: \$ _____

Regular monthly medical expenses:

Supplemental medical insurance \$ _____
Long-term care insurance \$ _____
Prescriptions \$ _____
Dental insurance \$ _____
Emergency Response System/Lifelines \$ _____
Medical/Dental bills owed \$ _____
Monthly payment: \$ _____
Other Medical: _____ \$ _____

Total monthly medical expenses: \$ _____

Monthly household income minus medical expenses: \$ _____

Number of persons in household: _____

Work requested: _____

I certify that the above financial information (both income & medical expense) and the number of persons in my household are true and accurate to the best of my knowledge.

(Signature)

(Date)

**Aging Partners Home Handyman Program
233 South 10th Street, Suite 101
Lincoln, NE 68508-2250**