Project Open Hand

FY27

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

STAFF USE ONLY
☐ New Gold Card
☐ Update GetCare only

# DAS-OCP CONSUMER INTAKE FORM

The information that you provide will be entered into SF DAS GetCare, an online database. Your information will not be sold and will only be used for service coordination and reporting purposes. You have the right to decline the requested information on this intake form. If you prefer to be enrolled anonymously, please inform a staff member.

## Nutrition – Congregate Meal Program

Intake Date: _____ Agency/Meal Site: (select meal site below) _____

Form completed by: ☐ Agency Representative ☐ Consumer

**For Office Use Only:**
SF DAS GetCare ID:_____ Agency Internal ID:_____ Gold Card ID:_____
(if applicable) (if issued)

### Identification

1. *Name _____
Last Name First Name Middle Initial

_____
AKA Last Name AKA First Name

2. *Date of Birth: _____/_____/_____
Month Day Year

3. *If <60 Years Old Reason for Service: ☐ Adult with Disabilities ☐ Disabled and Lives with Client ☐ Disabled and Lives in Elder Housing ☐ Spouse or Domestic Partner of Client ☐ N/A (Client Age 60+) ☐ Decline

4. Address Type: ☐Home ☐Mailing ☐Other:_____ ☐ Decline

*Address: _____

*City: _____ *State: _____ *Zip Code_____

5. a. Phone 1: _____ ☐ Decline
☐ Home ☐ Cell/Mobile ☐ Other_____

b. Phone 2: _____ ☐ Decline
☐ Home ☐ Cell/Mobile ☐ Other_____

6. Email: _____ ☐ Home ☐ Other_____ ☐ Decline



*Required question. If a consumer declines, select or write in "decline to state"

7. Requires Assistance in an emergency: ☐ Yes ☐ No ☐Decline

8. Homeless? ☐ Yes ☐ No ☐Decline

## Demographics

9. *What is your gender? (Check one that best describes your current gender identity)

☐ Male ☐ Female ☐ Trans Female to Male ☐ Trans Male to Female

☐ Genderqueer/Gender Non-binary ☐ Not listed, please specify:_____

☐ Decline to State

10. *How do you describe your sexual orientation? (Check one that best describes your sexual orientation)

☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian/Same-Gender Loving

☐ Questioning/Unsure ☐ Not listed, please specify_____ ☐ Decline

11. *Race: (You can mark more than one)

| | | | |
|---|---|---|---|
| ☐ American Indian or Alaska Native | ☐ Filipino | ☐ Laotian | ☐ Samoan |
| ☐ Asian-Indian | ☐ Guamanian | ☐ Latino/Latina | ☐ Vietnamese |
| ☐ Black or African American | ☐ Hawaiian | ☐ Middle Eastern/North African | ☐ White |
| ☐ Cambodian | ☐ Japanese | ☐ Other- Asian | ☐ Decline to State |
| ☐ Chinese | ☐ Korean | ☐ Other- Pacific Islander | ☐ Other – Not Listed |

12. *Living Arrangement:

☐ Lives Alone ☐ Does Not Live Alone ☐Decline

13. *Lives in Urban/Rural environment:

☐ Non-Rural ☐ Rural

14. *Income Information measured in Federal Poverty Level (FPL):

☐ At or below 100% FPL ☐ Above 100% to at or below 185% FPL

☐ Above 185% to at or below 200% FPL ☐ Above 200% to at or below 300% FPL

☐ Above 300% FPL ☐ Decline to State

Approximate Monthly Household Income: $_____

15. *Primary (Main) Language: _____ ☐Decline

16. English Fluency: ☐ Fluent ☐ Limited ☐ Needs Translation ☐ Decline

17a. *Have you ever served in the United States military? ☐ No ☐ Yes ☐ Decline



*Required question. If a consumer declines, select or write in "decline to state"

17b. *Are you a spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? ☐ No ☐ Yes ☐ Decline

17c. If yes to question 17a or 17b, please check Yes or No to "I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months." ☐ Yes ☐ No ☐Decline

Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports at www.calvet.ca.gov or 1-800-952-5626.

## Other Characteristics

18. Supervisory District: (1st – 11th)_____ (SF supervisory district lookup on SF DAS GetCare)

19. Receives Social Security: ☐ None ☐ Retirement ☐ Disability ☐Decline

20. *Receives SSI: ☐ Yes ☐ No ☐Decline

21. *Medicaid/Medi-Cal: ☐ Yes ☐ Eligible ☐ No ☐ Decline ☐ Unknown

## Emergency Contacts: ☐Decline

22. **Contact** (please indicate type): ☐ Individual ☐ Organization

Name:_____
Last Name First Name Middle Name/Initial

a. Communication Restrictions? ☐ No ☐ Yes, check type:

☐ Medical Information ☐ Financial Information

☐ Medications ☐ Home Care Services ☐ Other

☐ Additional restriction information: _____

☐ All the Above

b. Type of Contact (select only one) ☐ Emergency ☐ Personal ☐ Other: _____

c. Primary Language: _____ d. Relationship: _____

e. Address Type: ☐Home ☐Mailing ☐Other:_____

Address: _____

City: _____ State:_____ Zip Code: _____

Phone:_____ ☐ Home ☐ Work ☐ Cell ☐Other: _____

Email Address: _____☐ Home ☐ Office ☐ Other: _____



*Required question. If a consumer declines, select or write in "decline to state"

**The warning signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.**

Read the questions below. Circle the number in the "yes" column for those that apply to you. For each "yes" answer, score the number in the box. Total your nutrition score.

# *DETERMINE

## Your Nutritional Health

**Client Name_____ GetCare ID_____ Date Completed: ____/____/____**

| | Yes | No | Decline to State |
|---|---|---|---|
| 1. *I have an illness or condition that made me change the kind and/or amount of food I eat. | 2 ☐ | 0 ☐ | 0 ☐ |
| 2. *I eat fewer than 2 meals per day. | 3 ☐ | 0 ☐ | 0 ☐ |
| 3. *I eat few fruits or vegetables or milk products. *"Few" means less than 5 servings of fruits/vegetables or less than 2 servings of milk/dairy products.* | 2 ☐ | 0 ☐ | 0 ☐ |
| 4. *I have 3 or more drinks of beer, liquor or wine almost every day. | 2 ☐ | 0 ☐ | 0 ☐ |
| 5. *I have tooth or mouth problems that make it hard for me to eat. | 2 ☐ | 0 ☐ | 0 ☐ |
| 6. *I don't always have enough money to buy the food I need. | 4 ☐ | 0 ☐ | 0 ☐ |
| 7. *I eat alone most of the time. | 1 ☐ | 0 ☐ | 0 ☐ |
| 8. *I take 3 or more different prescribed or over-the-counter drugs a day. | 1 ☐ | 0 ☐ | 0 ☐ |
| 9. *Without wanting to, I have lost or gained 10 pounds in the last 6 months. | 2 ☐ | 0 ☐ | 0 ☐ |
| 10. *I am not always physically able to shop, cook and/or feed myself. | 2 ☐ | 0 ☐ | 0 ☐ |
| **Total Your Nutrition Score** | | | |

**If your total nutritional score is:**

| | |
|---|---|
| 0-2 | **Good!** Recheck your nutritional score in 6 to 12 months |
| 3-5 | **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your DAS nutrition program, community/senior center or health department can help. Recheck your nutritional score in 6 months. |
| 6 or more | **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have and ask for help on how to improve your nutritional health. |



*Required question. If a consumer declines, select or write in "decline to state"

# *Food Security and Food Program Utilization

**Date Completed: _____/_____/_____**
**Month Date Year**

Please read the statements below and check the box appropriate for you/your household.

1. *"We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household in the last 12 months:

   ☐ Often True ☐ Sometimes True ☐ Never true ☐ Decline to State

2. *"The food that we bought just didn't last and we didn't have money to get more." Was that often true, sometimes true, or never true for your household in the last 12 months:

   ☐ Often True ☐ Sometimes True ☐ Never true ☐ Decline to State

3. In the last 12 months, have you participated in CalFresh (also known as SNAP/Food Stamps/EBT)?

   ☐ Yes ☐ No ☐ Decline to State



*Required question. If a consumer declines, select or write in "decline to state"