



Service Request Form

AREA AGENCY ON AGING IIIA
 311 E. Alcott St., Kalamazoo, MI 49001
 Ph: (269) 373-5173 Fax: (269) 373-5227
<https://www.kalcounty.com/hcs/aaa/>

Has the client been informed of this referral? Yes No
 Is the client able to answer for themselves? Yes No

Date:

Client Information

Full Name: Last First M.I.
Address: Street Address Apartment/Unit #
 City State Zip Code
Phone #: **Race:** **Gender:** **Ethnicity:** Hispanic Non-Hispanic
Date of Birth: **Marital Status:** **Residence (alone, spouse, child, etc):**
Gross Monthly Income (estimate): \$ **Assets:** Below \$2,000 Above \$2,000
Do you have: Medicare Medicaid Both Neither **Are you a Veteran?** Yes No
Have you been hospitalized in the last 30 days?
 Yes No *If Yes, where?* **Primary Diagnosis:**
Are you currently in the hospital? Yes No **Anticipated discharge date:**
Requested Services: Home Help Respite Transportation Personal Care Emergency Response System (PERS)
 Home Delivered Meals Resources Adult Day Center

Preliminary Information

1) Is there currently someone paid to provide assistance in the home?	Yes. <i>If Yes, whom?</i> No	7) Are you on oxygen 24/7?	Yes No
2) Do you live alone?	Yes No. <i>I live with:</i>	8) Do you have significant memory loss?	Yes No
3) Are you able to get out of bed by yourself?	Yes No	9) Are you able to prepare your own meals?	Yes No
4) Do you currently receive dialysis?	Yes No	10) Are you able to complete personal care tasks independently? (bathing, grooming, dressing, toileting etc.)	Yes No
5) Do you currently drive?	Yes No	11) Do you currently use assistive devices? <i>Yes. If Yes, which one(s):</i> No wheelchair cane walker other	
6) Do you have a history of mental illness?	<i>Yes. If Yes, please explain.</i> No		

Contact/Referral Information

If client cannot answer for themselves, whom should we contact?

Family/Friend Legal Guardian

Name:

Relationship:

Phone:

Email:

Other Comments:

Referred by: (Please provide an email address.*)

Would you like a follow up on referral? Yes No

Name:

Title:

*Email:

Agency:

Phone: