

==COUNSELOR USE ONLY==

Senior Benefits Information Centers Intake

Date: _____	Location of service: _____
Client Name: _____	Client Location: _____
Contact Information Submitted: Yes/No	

Service Summary

Issues of interest: Jobs _____ Health _____ Home _____ Family _____

Provide summary of referrals, resources, and next steps.



Pull up a Chair at the Library: Discover Services that can benefit you now!

CLIENT INFORMATION

<p>Name (Last, First)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City and Zipcode</p> <p>_____</p> <p>May we submit your contact information to AARP Foundation so you can obtain free information on topics relevant to older adults?</p> <p>Yes/No</p>	<p>Date</p> <p>_____</p> <p>How did you hear about us?</p> <p>_____</p> <p>Phone:</p> <p>_____</p> <p>Email:</p> <p>_____</p> <p>May we contact you in six weeks to give feedback?</p> <p>Yes/No</p>
--	--

DEMOGRAPHIC AND INCOME INFORMATION THAT IMPACTS BENEFITS

<p>Are you (circle one) Male / Female</p> <p>Age _____</p> <p>Date of Birth _____</p> <p>Are you a veteran? (circle one) Yes / No</p> <p>Marital Status (circle one)</p> <p>Single, Married, Divorced, Widowed</p>	<p># of People in Household _____</p> <p>Employment Status (circle one)</p> <p>Full-time Part-time Unemployed Retired Other _____</p> <p>Household income more or less than \$40,000 (circle one)</p> <p>Less More</p> <p>Racial Background (Circle one)</p> <p>White African-American Asian Native American</p> <p>Native Hawaiian/Pacific Islander Multicultural Latino</p> <p>Prefer not to Answer</p>
--	---

WLS and its member libraries are committed to the protection of the privacy of our patrons. Any information you chose to provide will only be used to provide requested services and improve library programs. No information will be shared with any outside party without your express consent.