



CONFIDENTIAL
Eligible Visitor Intake Form

* Not to be used in lieu of Assessment *

Date: _____

Vendor: _____

Site: _____

CONSUMER INFORMATION

Name: _____

Date of Birth: ____/____/____

Street Address: _____

Last 4 digits of SSN: 000-00-_____

Mailing Address: _____

City, State, Zip: _____

Gender: Male Female

Phone Number: (____) _____ - _____

SERVICE RECEIVED

Congregate Meal Transportation

Race: American Indian or Alaska Native Asian

COMMENTS: _____

Black or African American White

Native Hawaiian or Pacific Islander

Eligible through 60+ spouse? Yes No

Eligible Spouse's Name _____

Consumer Signature: _____

Version 4.0

Rev. 8/22/23



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