

**COLVILLE INDIAN AREA AGENCY ON AGING  
 CLIENT INTAKE FORM/ Senior Heating Application  
 (EACH SENIOR SHOULD COMPLETE A FORM)**

**Tel: 509-634-2758 Fax: 509-634-2795**

<b>TYPE OF CONTACT:</b>
<input type="checkbox"/> Home Visit
<input type="checkbox"/> Personal Contact
<input type="checkbox"/> Other

ELECTRIC <input type="checkbox"/>	WOOD PELLETS <input type="checkbox"/>
WOOD <input type="checkbox"/>	OIL <input type="checkbox"/>
PROPANE <input type="checkbox"/>	OTHER <input type="checkbox"/>

Date Faxed	
Date Mailed	
Date Emailed	

Omak District Elder Assistant	Yolanda Orozco 509-422-7452
Nespelem District Elder Assistant	Leona Swawilla 509-634-2187
Keller District Senior Meal site	Tracy Peone 509-634-2829
Inchelium District Elder Assistant	Evonne Mackey 509-722-7008
Senior Heating Staff Assistant	Castina Jordan 509-634-2769
Senior Heating Manager	Dorothy Palmer 509-634-2770

IN ORDER TO COMPLY WITH PROGRAM REQUIREMENTS AND OBTAIN DATA TO ADVOCATE FOR THE SENIORS ON OUR RESERVATION, I NEED YOUR ASSISTANCE AND INPUT.

I HAVE COMBINED ALL NEEDED INFORMATION INTO ONE FORM. THIS FORM FULFILLS OUR PROGRAM REQUIREMENT, AND PROVIDES ME WITH ACCURATE DATA INFORMATION FOR GRANT/CONTRACT APPLICATIONS AND REPORTING PURPOSES. INFORMATION USED FOR GRANT APPLICATIONS IS IN COLLECTIVE FORM AND ABSOLUTELY NO NAMES ARE MENTIONED. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 SPOUSES NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE/MESSAGE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ENROLLED COLVILLE MEMBER? YES  NO  OTHER INDIAN?  YES  NO  
 MARITAL STATUS?  MARRIED  WIDOWED  DIVORCED  SINGLE  
 IF MARRIED: IS SPOUSE ENROLLED COLVILLE MEMBER?  YES  NO  
 OTHER INDIAN?  YES  NO  
 MILITARY VETERAN?  YES  NO SERVICE DATES: \_\_\_\_\_  
 INDIVIDUAL TO BE NOTIFIED IN CASE OF EMERGENCY:  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**HOUSING:**

HOUSING LOCATION (GIVE EXACT DIRECTION TO HOUSE – STREET, HOUSE NUMBERS, ROAD, HOUSE COLOR)

TYPE OF HOME YOU ARE LIVING IN: HUD HOUSE  STANDARD TRAILER HOUSE   
 SENIOR APARTMENT/COMPLEX  STANDARD PRIVATE HOME   
 HOUSING STATUS: OWN/BUYING HOME  RENT HOME  OTHER   
 TYPE OF HEAT IN YOUR HOME (CHECK ALL TYPES THAT YOU HAVE): \_\_\_\_\_ OIL \_\_\_\_\_ SOLAR  
 \_\_\_\_\_ PROPANE \_\_\_\_\_ ELECTRIC \_\_\_\_\_ WOOD STOVE \_\_\_\_\_ PELLET STOVE

**LIVING STATUS**  LIVE ALONE  LIVE WITH SPOUSE  LIVE WITH CHILDREN  
 CHILDREN/GRANDCHILDREN LIVE WITH ME \_\_\_\_\_ OTHER \_\_\_\_\_

ARE THERE PERSON(S) LIVING WITH YOU OR PERSON(S) AVAILABLE WHO CAN:

PREPARE MEALS? [ ] SELF [ ] YES [ ] NO  
 DO LIGHT HOUSEWORK? [ ] SELF [ ] YES [ ] NO  
 CHOP AND STACK WOOD? [ ] SELF [ ] YES [ ] NO

NUTRITION: WHAT MEALS DO YOU EAT EVERY DAY?

BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ SNACK \_\_\_\_\_

DO YOU ATTEND THE SENIOR MEAL SITE? [ ] YES [ ] NO

OMAK \_\_\_\_\_ NESPELEM \_\_\_\_\_ KELLER \_\_\_\_\_ INCHELIUM \_\_\_\_\_

DO YOU REQUIRE HOME DELIVERED MEALS? [ ] YES [ ] NO

WHY? \_\_\_\_\_

DO YOU REQUIRE A SPECIAL DIET? [ ] YES [ ] NO

IF YOU DO NOT USE EITHER, WHAT IS THE REASON?

\_\_\_\_\_ NO TRANSPORTATION \_\_\_\_\_ LIVE OUT OF SERVICE AREA  
 \_\_\_\_\_ CAN PREPARE OWN MEALS \_\_\_\_\_ RELATIVES/FRIENDS PREPARE MEALS

**LIST ALL PERSONS AND ALL INCOME OF PERSONS LIVING IN HOUSEHOLD (INCLUDE SELF):**

NAME	AGE	TRIBE	MONTHLY INCOME	SOURCE

TOTAL MONTHLY INCOME FOR HOUSEHOLD: \$ \_\_\_\_\_

**SOURCES OF YOUR INCOME (CHECK ALL THAT APPLY):**

[ ] EMPLOYMENT [ ] SOCIAL SECURITY [ ] VETERANS BENEFIT  
 [ ] SUPPLEMENTAL SECURITY (SSI) [ ] AFDC, GA, WELFARE [ ] UNEMPLOYMENT  
 [ ] PENSION/RETIREMENT [ ] DISABILITY BENEFITS [ ] OTHER

**HEALTH PROBLEMS (CHECK ALL THAT APPLY):**

DIABETES  HYPERTENSION  HEART PROBLEMS  ARTHRITIS  
 STROKE  EMPHYSEMA  ASTHMA  VISION  CANCER  
 HEARING  HIGH CHOLESTEROL  LUPUS  LUNGS  INJURY

OTHER (Describe): \_\_\_\_\_

ACTIVITIES OF DAILY LIVING (ADL'S) DEGREE OF ASSISTANCE: 1-NONE, 2-SOME, 3-MUCH, 4-CAN NOT DO

\_\_\_\_\_ BATHING \_\_\_\_\_ EATING \_\_\_\_\_ GETTING PLACES  
 \_\_\_\_\_ COOKING \_\_\_\_\_ CHORE \_\_\_\_\_ BUSINESS AFFAIRS  
 \_\_\_\_\_ DRESSING \_\_\_\_\_ WALKING \_\_\_\_\_ HEAVY HOUSEWORK  
 \_\_\_\_\_ SHOPPING \_\_\_\_\_ PHONE OTHER: \_\_\_\_\_

**TRANSPORTATION:**

DO YOU HAVE ADEQUATE TRANSPORTATION TO MEDICAL APPOINTMENTS: [ ] YES [ ] NO  
 DO YOU EVER MISS MEDICAL APPOINTMENTS DUE TO NO TRANSPORTATION? [ ] YES [ ] NO  
 DO YOU HAVE ADEQUATE TRANSPORTATION TO DO GROCERY SHOPPING? [ ] YES [ ] NO  
 DO YOU HAVE TRANSPORTATION TO AND FROM SENIOR MEAL SITE? [ ] YES [ ] NO

DO YOU OWN A VEHICLE? [ ] YES [ ] NO, IF NO, DO YOU RELY ON: [ ] FAMILY [ ] CHR [ ] OTHER

**SERVICES:** DO YOU RECEIVE: LOW INCOME ENERGY ASSISTANCE: [ ] YES [ ] NO  
IN-HOME CARE [ ] YES [ ] NO FOOD DISTRIBUTION (COMMODITIES) [ ] YES [ ] NO  
FOOD STAMPS [ ] YES [ ] NO CHORE SERVICES [ ] YES [ ] NO  
WHAT SERVICES WOULD YOU LIKE TO RECEIVE THAT YOU ARE NOT CURRENTLY RECEIVING?

**EMPLOYMENT STATUS:** [ ] EMPLOYED [ ] UNEMPLOYED [ ] RETIRED [ ] HOMEMAKER  
IF UNEMPLOYED OR RETIRED, ARE YOU INTERESTED IN PART TIME \_\_\_\_\_ OR FULL TIME \_\_\_\_\_  
EMPLOYMENT? IF YES, WHAT TYPE OF EMPLOYMENT? \_\_\_\_\_

**EDUCATION:** HIGHEST GRADE COMPLETED:  GRADE 1-6  GRADE 7-9  GRADE 10-12  
 HIGH SCHOOL DIPLOMA/GED  VOCATIONAL TRAINING  COLLEGE

**"FOR COLVILLE TRIBAL MEMBERS ONLY"** More info: Contact LIHEAP office (509) 634-2769 or 634-2770

DO YOU WISH TO APPLY FOR THE **SENIOR HEATING ASSISTANCE PROGRAM**? [ ] YES [ ] NO

\*What type(s) of fuel do you use to heat your home? (Check all types)

Electric  Wood  Propane  Oil  Wood Pellets  Other: \_\_\_\_\_

\* You can only **receive help with ONE type of fuel.....check which one!**

Electric  Wood  Propane  Oil  Wood Pellets  Other: \_\_\_\_\_

\* If you checked firewood, what length of wood do you need:  14"  16"

\* If you want assistance with electric, propane, oil, or pellets....name your fuel supplier & submit a copy of your fuel bill: Fuel supplier: \_\_\_\_\_ Account number: \_\_\_\_\_

IN APPLYING FOR THE SENIOR HEATING PROGRAM, I AGREE THAT I WILL USE MY ENERGY BENEFIT FOR HEATING AND/OR COOKING PURPOSES IN MY HOME. I WILL NOT GIVE AWAY THE FIREWOOD OR WOOD PELLETS OR SELL IT TO ANOTHER HOUSEHOLD OR IT MAY JEOPARDIZE MY ELIGIBILITY FOR FUTURE SEASONS. THE SENIOR HEATING PROGRAM **DOES NOT SUPPLY YOUR TOTAL NEED OF FUEL FOR THE WINTER; IT IS ONLY A "SUPPLEMENTAL" PROGRAM.**

**(LIHEAP OFFICE USE ONLY)**

DATE \_\_\_\_\_ APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ REASON FOR DENIAL: \_\_\_\_\_

Type of fuel: \_\_\_\_\_ Electric, firewood, propane, oil, wood pellets, other

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_