

IDENTIFICATION: Last name: _____ First: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best phone no. to reach you: ____/____/____ E-mail: _____

EMERGENCY CONTACT: Last name: _____ First: _____

Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best phone contact no.: _____ E-mail: _____

Please take a few moments to tell us a little more about yourself.

The information you share is CONFIDENTIAL. No identifiable information will be sold or shared.

The information you provide helps us tailor our programs to the needs of the community.

We need to show our funders that LGBT seniors are here!

DEMOGRAPHIC:

Do you identify as (check all that apply): Lesbian Gay Bisexual Transgender
 Intersex Heterosexual (straight) Other _____

Do you identify as: Male Female Other _____

What is your racial/ethnic background? (check all that apply) American Indian or Alaska Native
 Asian, Pacific Islander African-American Hispanic/Latino White/Caucasian
 Multi-racial Other: _____

What is your HIV Status? (This information will not be shared outside of Openhouse.)
 Negative Positive Don't Know Decline to state

HOUSING: Are you currently looking for housing? Yes No

If yes, what is your current monthly rent: \$ _____

Would you like to speak with Openhouse about your housing options? Yes No

INCOME: This information is **important** and helps us to **sustain** Openhouse programs.

Please check your income range in the table on right OR fill in the amount below.

Income Per Month:
1 Person Household
<input type="checkbox"/> \$0—\$1,150
<input type="checkbox"/> \$1,151—\$2,000
<input type="checkbox"/> \$2,001—\$3,250
<input type="checkbox"/> \$3,251—\$4,250
<input type="checkbox"/> \$4,251—\$5,150
<input type="checkbox"/> \$5,151+

What is your approximate **individual** monthly income before taxes?
 \$ _____. Do you live alone? Yes No

Do you live with a partner or significant other and share expenses?
 Yes No

If yes, what is your **combined** monthly income before taxes?
 _____.



Client Consent for Release of Information for CAGetCare and among Service Providers using CAGetCare

Client Name _____
(Please Print) Last First

Date of Birth ____/____/____ Last 4 Social Security # _____

I, _____, authorize Openhouse and the Department of Aging and Adult Services/SF Human Services Agency to use and share my demographic information provided on the Openhouse Registration Form and obtained in the course of my receipt of services for the limited purposes of:

- Tracking services;
- Recording enrollment in Openhouse programs;
- Referring me to services that best meet my needs; and
- Preventing the duplication of services among different service providers (requirement for case management program only).

By signing below, I specifically authorize the release of the following classes of information maintained by Openhouse and the CAGetCare database of the Department of Aging and Adult Services/SF Human Services Agency, if such records exist, for the limited purposes set forth above:

- Demographic information
- Benefits information, including Medi-Cal
- Unidentifiable demographic information to Mayor's Office on Housing (MOHCD)—*(if looking for housing)*

NOTE: Completing and signing this form allows us to report to our funders that we are serving LGBT seniors and helps Openhouse to advocate for needed funding.

The information released will be limited to the above identified requested information. This release of information form will be valid for two years upon date of signing. It is further understood that I have been advised that I have the right to revoke this consent at any time.

Signature of Client: _____ Date ____/____/____

Agency obtaining information for Consumer Intake Form: Openhouse

San Francisco Human Services Agency, Office on the Aging 875 Stevenson Street, 3rd Floor, San Francisco, CA 94103

FOR OFFICE USE ONLY

Today's date: _____ Client ID: _____

Total Time: _____ Circe GetCare IR2 MOHCD

REGISTRATION CONTINUED

(Please complete all fields to the best of your ability. If you don't know an answer, you can leave it blank.)

Caregiving support: Client receives care from a person enrolled in a Family Caregiver Support Program Yes No

Language: What is your primary (main) language? _____
What is your English language fluency? Fluent Limited Needs translation
Is your literacy in: English Your main language Both Not literate

Relationship: What is your relationship status? Single (Never Married) Partnered
 Domestic Partner Married Divorced Separated Widowed

Employment: What is your employment status? Full-time Part-time Retired
 Unemployed Volunteer Disabled Unknown

Veteran Status: Are you a veteran? Yes No

2016 Federal Poverty Level
=\$11,880 (for 1 person)

Living status: Urban Rural Lives alone: Yes No
Are you functionally impaired/frail?: Yes No Unknown

Financial status: Is your income?: At or Below Federal Poverty Level (FPL) Above
Do you receive Social Security? (Title XX)? Yes No Unknown
Do you receive a Private Pension? Yes No Unknown
Do you receive Supplemental Security Income (SSI)? Yes No Unknown
Do you receive MediCal? Yes No
Do you receive Medicare? Yes No If yes, do you receive part: A B C D

Legal/Other: Do you have a Guardian/Conservator? Yes No Yes, Voluntary
 Yes, Involuntary If yes, Name of Person or Organization: _____
Type: Estate Person Both Dementia Power Medical Authority
Do you have a Durable Power of Attorney: For **Health**? Yes No
For **Finance**? Yes No

Have you been displaced from In Home Supportive Services (IHSS)? Yes No
Upon your death, would you like an announcement printed in the Openhouse newsletter?
 Yes No
May we print your name in materials for Openhouse memorial events? Yes No

Medical Contact: Last name: _____ First: _____
Type of professional: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone(1): _____

Sources of Support: Family Friend/Neighbor Paid Help Has help but unsure who