COVE
Community
Center

Senior Supportive Services

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SUPPORTIVE SERVICES

INTAKE

Coordinate the Participant Intake Process

RESOURCES

Link to community resources & services

SUPPORT

Provide ongoing support

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By 2030, Older Adults will make up 31%of the population in Cuyahoga County

Lakewood Population 50,605
Ages 60+ 10,226 20.2%

Older Adult Disability Status (with a disability, age 65+) 2,645

1/2 the seniors in our community over the age of 75 have a disability

Staff and Volunteers

- Division of Aging employs 2 Licensed Social Workers.
- Provide community outreach and intake assessments for seniors interested in services.
- Conduct in-home assessments for homebound seniors requesting services.
- Available in-house during the week for ongoing crises and emergent needs.
- Increasing demand anticipated, keeping Social Work staff exceptionally busy.

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Supportive Service Statistics

- 1,960 seniors aged 62+ served by the Division of Aging in 2024.

- 1,261 unduplicated seniors received social work services.

- 1,912 total instances of service provided

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SENIOR
SERVICES

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SERVICES PROVIDED

- General Consult on Services Provided through Division of Aging
- Adult Protective Services Referrals
- Bed Bug Cases
- Benefits and Insurance
- Caregiver Support
- Community Resources
- Crisis Intervention
- Dementia/Alzheimer's
- Finacial Assistance
- Food Insecurity
- Healthcare
- Hoarding
- Housing
- In Home Assistance
- Lawn Care/Snow Removal
- Legal
- Medical/Dental
- Mental Health
- Nutrition
- OSHIP
- Programs and Activities
- Relocation
- SNF/ICF
- Taxes
- Transportation
- Utilities
- Veteran Services
- Wellness Check

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SENIOR
SERVICES

CITY OF LAKEWOOD-DEPARTMENT OF HUMAN SERVICES- DIVISION OF AGING

PARTICIPANT INTAKE FORM – 2023

DIRECTIONS: This form is required annually for **all participants** of any Division of Aging services and activities – including volunteers. **ALL** fields that are applicable are required.
Please complete and return to a designated volunteer or staff member. Please ask for help if needed!

IF YOU HAVE A **COURT APPOINTED**, LEGAL GUARDIAN, PLEASE HAVE THEM SUBMIT ON YOUR BEHALF

DATE: ___/___/___

LAST NAME_____ **FIRST NAME**_____ **M.I**____

SSN (LAST 4)_____ **DRIVERS LICENSE OR STATE ID #**_____

FULL ADDRESS (STREET, APT#, CITY, ZIP)

_____

PHONE #_____ **CELL # (IF DIFFERENT)**_____ **TEXT** Y / N
DATE OF BIRTH:___/___/___ **GENDER:** MALE / FEMALE / NON-BINARY

EMAIL _____ **UNDERSTAND ENGLISH?** Y / N **RURAL** Y / N

EMERGENCY CONTACT INFORMATION

NAME_____ **PHONE**_____ **RELATION**_____
PRIMARY PHYSICIAN_____ **HEALTH INSURANCE**_____

PLEASE USE A CHECK MARK ✔ FOR THE FOLLOWING:

PARTICIPANT IS INTERESTED IN (CHECK ONE OR MORE):

☐ CONGREGATE MEALS	☐ SOCIAL WORK SERVICES	☐ HOME DELIVERED MEALS
☐ CENTER ACTIVITY	☐ CENTER EVENT/TRIP	*ALL HDM REQUESTS GO TO SOCIAL WORKER.
☐ TRANSPORTATION GROC. / MED.	☐ VOLUNTEER PROGRAM	

RACE

☐ CAUCASIAN/WHITE	☐ ASIAN
☐ BLACK/AFRICAN AMERICAN	☐ AMERICAN INDIAN/NATIVE ALASKAN
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	**ETHNICITY:** HISPANIC/LATINO ☐ YES ☐ NO

PLEASE CHECK IF YOUR INCOME IS:
☐ $1215 PER MONTH OR LESS ☐ $1822 PER MONTH OR LESS ☐ $1823 PER MONTH OR MORE

PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING A CHECK IN THE 'YES' OR 'NO' BOX:

	YES	NO		YES	NO		YES	NO
DISABLED (a mental/physical impairment)	☐	☐	HEARING IMPAIRED	☐	☐	VETERAN	☐	☐
FRAIL (very limited physical ability)	☐	☐	SIGHT IMPAIRED	☐	☐	HOMEBOUND	☐	☐
MOBILITY DEVICE (cane/walker)	☐	☐	WHEELCHAIR BOUND	☐	☐	LIVES ALONE	☐	☐
DO YOU NEED A VEHICLE WITH A LIFT?	☐	☐	Options/PASSPORT	☐	☐	LIMITED SOCIAL SUPPORT	☐	☐

SPECIAL PICK UP INSTRUCTIONS: (i.e. back door)_____

_____

FORM CONTINUES ON REVERSE SIDE →

FOR STAFF ONLY
CSSP: Eligible / Date: _____ **Scanned: Date:**_____ **MSC: Date:**_____
SAMS: Date:_____ **STC: Date:** _____ **ID: Y / N**
Revised 10/2022

MUST BE COMPLETED & SIGNED BY ALL PARTICIPANTS

Instructions: For each question, answer "yes" or "no". If you answer "yes" please **circle** the number, if "no" please make an **X mark** in the space. Circle the number that appears in the appropriate column. Add the circled numbers to determine your score. Please ask for help if needed!

NUTRITION CHECKLIST	YES ○	NO X
1. Have you made any changes in lifelong eating habits because of health problems?	2	
2. Do you eat fewer than two (2) meals a day?	3	
3. Do you eat fewer than five (5) servings of (1/2 cup each) of fruits and vegetables every day?	1	
4. Do you eat fewer than two (2) servings of dairy products (milk, yogurt, or cheese) every day?	1	
5. Do you sometimes not have enough money to buy food?	4	
6. Do you have trouble eating well due to problems with chewing /swallowing?	2	
7. Do you eat alone most of the time?	1	
8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	
9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	
10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	2	
11. Do you take three (3) or more prescription or over-the-counter drugs per day?	1	
TOTAL SCORE TODAY		

Form ODA0010 Rev. 5/28/2009 Ohio Dept. of Aging-Adapted from Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.

Total your score from the Nutrition checklist. If it's:

- 0 – 2....**Good**. Recheck your nutritional score in twelve (12) months.
- 3 – 5....**You are at moderate nutritional risk**. See what you can do to improve your eating habits. Your office on aging, senior center and/or physician can help.
- 6 or more...**You are at high nutritional risk.** Talk with your doctor, dietitian or other qualified health professional about any problems you may have. Ask for help to improve your nutritional health.

DISCLOSURE STATEMENT

The Participant Form was developed to assist the Ohio Department of Aging (ODA) to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any consumer information obtained from this form will be kept confidential and no personally identifying information about a consumer (e.g.: name, address, telephone) will be released to the public without the consumer's written consent, unless otherwise required under federal law. However, if I elect to participate in Transportation Services, Lakewood will provide only what information is necessary to a third party transportation service provider for purposes of facilitating such services.
The Ohio Department of Aging and the Western Reserve Area Agency on Aging require that select information and data be collected on program participants in order to determine eligibility and monitor programs under the Older Americans Act. All personal information will be safeguarded. While you will not be denied services based on refusal to provide information, lack of demographic data can adversely affect future funding. Eligible seniors cannot be denied services based on Race, Color, Age, Disability, Religion, National Origin, Veteran Status, Sexual Orientation, Gender Identity, and Gender Expression, ability to pay or donate.

My signature below indicates that I have received information on the following policies and I understand the rules and regulations associated with my program participation. If you have any questions, ask the staff to review this form and explain why this release is necessary.

X_____
Participant Signature Today's Date

_____
Senior Center Staff Signature Today's Date

Revised: 6/2021

CITY OF LAKEWOOD – DIVISION OF AGING

PARTICIPANT NAME: _____ DOB: _____

During the past seven days and considering all of the episodes how would you rate the Client's ability to perform the following **Activities of Daily Living** (ADL)?

1. Bathing
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

2. Dressing
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

3. Toilet use
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

4. Transfer
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

5. Eating
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

6. Walking in Home
___0 independent
___1 supervision
___2 requires assistances sometimes
___3 mostly dependent
___4 totally dependent
___5 activity does not occur

During the past seven days and considering all of the episodes how would you rate the Client's ability to perform the following **Instrumental Activities of Daily Living** (IADL)?

1. Meal Preparation
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

2. Manage Medications
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

3. Managing Money
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

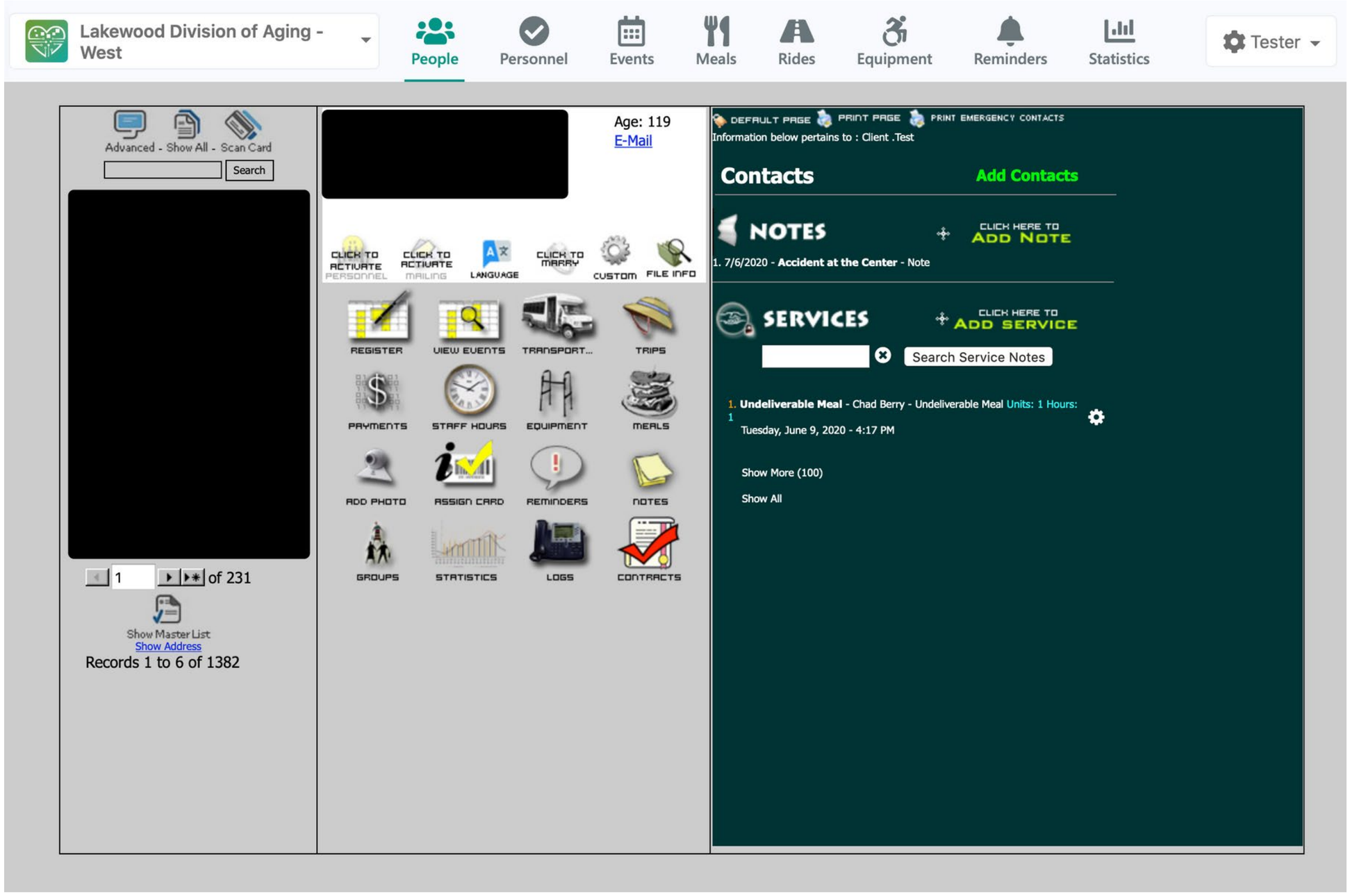
4. Performing heavy housework
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

5. Performing light Housework
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

6. Shopping
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

7. Transportation
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur

8. Telephone use
____0 independent
____1 sometimes dependent
____2 mostly dependent
____3 totally dependent
____4 activity does not occur


Lakewood Division of Aging - West
People
Personnel
Events
Meals
Rides
Equipment
Reminders
Statistics
Tester
Advanced - Show All - Scan Card
Search
of 231
Show Master List
Show Address
Records 1 to 6 of 1382
Age: 119
E-Mail
CLICK TO ACTIVATE PERSONNEL
CLICK TO ACTIVATE MAILING
LANGUAGE
CLICK TO MARRY
CUSTOM
FILE INFO
REGISTER
VIEW EVENTS
TRANSPORT...
TRIPS
PAYMENTS
STAFF HOURS
EQUIPMENT
MEALS
ADD PHOTO
ASSIGN CARD
REMINDERS
NOTES
GROUPS
STATISTICS
LOGS
CONTRACTS
DEFAULT PAGE
PRINT PAGE
PRINT EMERGENCY CONTACTS
Information below pertains to : Client .Test
Contacts
Add Contacts
NOTES
CLICK HERE TO ADD NOTE
1. 7/6/2020 - Accident at the Center - Note
SERVICES
CLICK HERE TO ADD SERVICE
Search Service Notes
1. Undeliverable Meal - Chad Berry - Undeliverable Meal Units: 1 Hours: 1
Tuesday, June 9, 2020 - 4:17 PM
Show More (100)
Show All

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