Aging at Home – A Community Network
Member Assessment

Assessment Type	☐ Initial ☐ RA

Name	
Address	_____ _____
Phone	Home ( ) - / Cell ( ) -
E-Mail	
DOB	
Gender	☐ Male ☐ Female
Where did you hear about Aging at Home?	☐ Another program within SCS ☐ Another agency or provider ☐ Relative/Friend ☐ Television ☐ Newspaper ☐ Flyer Brochure ☐ Social Media ☐ Other _____
Are you affiliated with another Agency?	List Agencies: _____ _____ _____
Are you a member of a local senior center/ senior group?	☐ Yes _____ ☐ No
Identify Services of Interest with Aging at Home	☐ Transportation ☐ Home Support ☐ Personal Care ☐ Chore Services ☐ Utility Programs ☐ Home Repairs ☐ Shopping ☐ Safety ☐ Information & Referral ☐ Other _____
Race	☐ American Indian/ Native Alaskan ☐ Asian ☐ Black/African decent ☐ Native Hawaiian/other Pacific Islander ☐ Non-minority (White/Non-Hispanic) ☐ White Hispanic ☐ Other _____
Primary Language: English	☐ Yes ☐ No
Are you a United States Citizen/ Primary Resident?	☐ Yes ☐ No
Are you a Veteran?	☐ Yes ☐ No

Marital status	☐ Divorced ☐ Legally separated ☐ Married ☐ Single ☐ Widowed ☐ Other_____
Housing	☐ Apartment ☐ Domiciliary Care ☐ Own Home ☐ Subsidized Housing ☐ Other _____
Living Arrangement	☐ Lives alone ☐ Lives with spouse only ☐ Lives with child(ren) only ☐ Lives with spouse & child(ren) ☐ Lives with other family member(s) ☐ Lives with friends
Do you have a disability that limits your activities of daily living?	☐ Yes ☐ No
Do you need help with activities of daily living?	☐ Yes ☐ No
Do you have access to affordable nutritional meals?	☐ Yes ☐ No
Health Insurance	☐ Yes (select) ☐ Medicare ☐ Secondary _____ ☐ Medicaid
Do you drive?	☐ Yes ☐ No
Modes of transportation	☐ Public transportation/ SEPTA ☐ Taxi ☐ Community Transit/CCT/Aging at Home ☐ Family/Friend
Service request(s)	1.
	2.
	3.
	4.

**** How satisfied are you with Aging at Home?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

**** Do you have any suggestions for improvement?

_____

_____

***Will you be renewing your Aging at Home membership? ☐ Yes ☐ No

*If not, what is preventing you from maintaining your membership?

_____

_____

**** Asked only at reassessment