



South River Office on Aging ~ Member Intake

DATE COMPLETED: _____ TRIAD#: _____ PROOF OF RESIDENCY: _____

NAME: _____

Last

First

Middle

ADDRESS: _____ SOUTH RIVER, NJ 08882

_____ OWN _____ RENT

DATE OF BIRTH: _____

PHONE: _____ ~ _____ ~ _____

EMAIL: _____

VETERAN: _____ YES _____ NO

SPOUSE OF VETERAN: _____ YES _____ NO

SOCIAL SEC #: _____ MEDICARE #: _____

MARITAL STATUS: _____ MARRIED _____ WIDOWED _____ DIVORCED _____ SINGLE

DRIVE: _____ YES _____ NO

SEX: _____ MALE _____ FEMALE

ETHNICITY: _____ CAUCASIAN _____ AFRICAN AMERICAN _____ HISPANIC

_____ NATIVE AMERICAN _____ ASIAN _____ OTHER _____

STATUS: _____ FRAIL _____ VULNERABLE

CURRENT ENTITLEMENTS: _____ SLMB _____ PAAD _____ Senior Gold

_____ Medicaid _____ Other (please specify) _____

EMPLOYMENT STATUS: _____ FULL TIME _____ PART TIME _____ RETIRED _____ OTHER

LIVING ARRANGEMENT: _____ SPOUSE _____ ALONE _____ OTHER: _____

EMERGENCY CONTACT NAME, RELATIONSHIP & PHONE #:

1. _____

2. _____

3. _____

PRIMARY DOCTOR NAME: _____

PRIMARY DOCTOR PHONE #: _____

ALLERGIES TO MEDICATIONS: _____

Dedicated to promoting the health, independence and continuing contributions of older persons.

55 Reid Street, South River, NJ 08882

Phone: 732-257-2340

Fax: 732-390-3470



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MAJOR ILLNESSES:

1. _____
2. _____
3. _____
4. _____
5. _____

LIVING WILL : _____ YES _____ NO

CURRENT MEDICATIONS (prescription and over the counter):

<u>NAME</u>	<u>DOSAGE/ STRENGTH</u>	<u>HOW OFTEN</u>	<u>WHEN TAKEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AREAS OF INTEREST (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Screenings | <input type="checkbox"/> Local Shopping | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Exercise Class | <input type="checkbox"/> Meals | <input type="checkbox"/> Info & Assistance |
| <input type="checkbox"/> Education | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Medicare Counseling |
| <input type="checkbox"/> Benefits & Entitlements | <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Other: _____ | | |