



NISQUALLY INDIAN TRIBE

ELDER PROGRAM

4820 SHE NAH NUM DR SE

OLYMPIA WA, 98513

(360) 486-9546

Elders Intake Form

Basic Information

First Name, Middle Initial, Last Name

Address

City State & Zip Code

Telephone

Message Phone

Cell Phone

Email Address:

Date of Birth

Sex:

Male

Female

Emergency Contacts

First Name

Last Name

Relationship: Relative

Friend

Neighbor

Caseworker

Other :

Home Phone

Cell Phone

Message #

Caregiver Support Program:

Do you have a Caregiver that helps you?

Yes

No

If yes Caregiver's Name:

Phone or Contact Info:

Are you an elder caring for children under the age of 18 years of age?

Yes

No

If Yes, refer to Caregiver Support Specialist

For funding purposes the following information will be needed to clarify eligibility for projects and other services provided through the Nisqually Elders Program and/or other resources.

Nisqually Tribal Member

Enrollment #

Native American enrolled in a Federally Recognized Tribe

Tribe:

Enrollment #:

Nisqually Elders Program Intake Form



Senior Meals:

Eligibility

- Age 55 Years or Older
- Enrolled Tribal Member (verify with Enrollment Department)
- Lives within Tribal Service Area

Or

- Spouse of an Eligible Participant
- Handicapped or Disabled Native American Living in Elders Housing
- Handicapped or Disabled Individual living in Same Household as eligible participants

Describe below any special diet requirements, restrictions or nutritional problems and concerns:

Energy and Heating Assistance

Electricity/PUD/Energy Company: _____

How do you heat your home?

- Wood Stove Propane Pellets

If you have Propane, list the Company Name: _____

Housing Information

- Housing Composition: With Family Boarder
- With Friend With Spouse Live Alone

Number in Household : _____

Housing Type:

- House/Own Home/ Rent APT./ Duplex Res. Care Facility / Nursing Home

Home Location:

- Nisqually Indian Reservation Thurston County Washington State
- Outside Of Reservation (City, County, State): _____