



**103 Beck Street
Winnebago, NE
68071**

**Winnebago Senior Center
Elder Intake Form**

Today's Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Date of Birth: _____ Sex: Female Male

Contact Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Spouse & Emergency Contact Information

Martial Status: Married Divorced/Seperated Widowed
 Single Unknown

Spouse's Name: _____

Spouse's Date of Birth: : _____

Name of Emergency Contact (1): _____



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Phone: _____

Name of Emergency Contact (2): _____

Phone: _____

Communications Information

Primary Language: Tribal English Spanish
 Other Unknown

Preferred Communication Method: Written Oral

Does the elder have basic literacy skills (those necessary to perform simple and
everyday literacy activities)? Yes No

Housing Information

Type of Housing: House Apartment Community Housing
 Other Unknown

Housing Composition: Lives with Spouse Lives with Family/Friends
 Lives Alone Other Unknown

Number in Household: _____

Grandchildren in Household? Yes No

If yes, how many grandchildren? _____



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Dietary Information

In need of home-delivered meals (Frail or home-bound)? Yes No

Food allergies (if any):
