

PIERCE COUNTY AGING & DISABILITY RESOURCE CENTER
ESSENTIALS BAG
INTAKE FORM

Legal First and Last Name: _____

Nicknames/Other Names You Go By: _____

Date of birth (must be age 60 or older): _____

Residential Address (must be Pierce County Resident):

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Ethnicity/Race: _____ Decline to Disclose

Tribal Enrollment: _____ Decline to Disclose

Relationship Status: _____ Decline to Disclose

Language Preference (i.e. English, etc.): _____ Decline to Disclose

Gender: Male Female Other Decline to Disclose

Household Composition:

- Live Alone
- Live With My Spouse
- Live With My Domestic Partner
- Live With My Parents
- Live With Other Relatives
- Live With Other NON-Relatives
- Other
- Decline to Disclose

Are You a Veteran? Yes No Decline to Disclose

Is Your Spouse a Veteran? Yes No Decline to Disclose

If you are Single, is your gross monthly income less than \$1040 per month?
 Yes No Decline to Disclose

If you are married, is your and your spouse's gross monthly income less than \$1409 per month?
 Yes No Decline to Disclose