



ALABAMA SENIOR Rx

CLIENT INTAKE FORM

AIMS CLIENT NUMBER (office use)

Please complete and return to your Area Agency on Aging.
Call **1-800-AGE-LINE (1-800-243-5463)** for the correct mailing address.

Social Security #: _____ Medicare #: _____ County: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ Race/Ethnicity: White African American Other

Street Address: _____ Birthdate: ____/____/____ Gender: Male Female

City/Zip: _____ Home Phone: () - _____

Did you file income taxes last year? Yes No Are you a legal resident of the U.S.? Yes No

Employment Status: Retired Disabled Full time Part time

Are you a veteran or veteran's spouse/widow? Yes No

Number living in household (including client): _____

Marital Status: Married Not Married Widowed Spouse's Birthdate: ____/____/____

Spouse's Name: _____ Spouse's Social Security #: _____

Primary Physician: _____

Name	Address	Phone

Emergency Contact: _____

Name	Phone	Relationship

SOURCES OF INCOME

(We **MUST HAVE** a copy of proofs of income for EVERYONE who lives in your household.)

TOTAL MONTHLY INCOME \$ _____ **TOTAL ANNUAL INCOME \$** _____

Salary/Wages \$ _____	Unemployment \$ _____	Social Security Disability \$ _____
Veteran's Benefits \$ _____	Child Support \$ _____	Social Security \$ _____
Workman's Comp \$ _____	Pension \$ _____	SSI \$ _____
Railroad Retirement \$ _____	Interest Income \$ _____	Other \$ _____

(Attach copies of W2 forms, tax returns, bank statements, social security benefits statements, or other sources of income.)

TOTAL AMOUNT OF ASSETS \$ _____ For example: any bank accounts, investments, 401K, property you own (other than the house you live in)	TOTAL MEDICAL EXPENSES \$ _____ (For example: Over-the-counter medicines, health insurance, premiums, copays, medical supplies, doctor & hospital visits, lab fees)
TOTAL AMOUNT OF EXPENSES \$ _____ For example: mortgage or rent, utilities, insurance (not health insurance)	PRESCRIPTION DRUG COSTS \$ _____ (a monthly average)

