

Date Registered: _____
 Intake By: _____



Easy Does It Emergency Services Client Intake Form

The following information is necessary to certify you for program services and will be kept confidential.

Name: _____ Phone: _____

Street Address: _____ Apt.: _____ City/State/Zip: _____

Mailing Address: _____

In case of emergency, contact: Name: _____ Phone: _____

Please Circle the answer:	
Male / Female/Other/Unknown	
Do you identify as being of Hispanic or Latino(a) ethnicity?	Yes / No
Are you in the Military? No Veteran Active Military Unknown	
Are you a youth ages 14-24 who does not work or in School?	Yes / No
<i>(Skip Question if client is over 24)</i>	
Would you like to be added to the City of Berkeley disaster registry for people with disability? Yes / No	
How did you hear about us?	
Can we add you to our email list? If so, what is your email address?	
Because of your disability do you experience substantial limitations and need personal assistance with at least two or more activities of daily living such as dressing, meal prep, bathing, transferring, toileting, housekeeping, taking medication, mobility assistance?	
Are you an IHSS recipient?	Yes / No
Are you a Regional Center Client?	Yes / No
Do you use East Bay Paratransit?	Yes / No
Are you signed up with Berkeley Paratransit?	Yes / No
Do you know about the Berkeley Paratransit Voucher program?	Yes / No

Please Check all that apply:					
×	Age:	×	Other Characteristics:	×	Race:
	0-5		Single Female Head of Household? <i>If yes: # of minors in your care: _____</i>		Black/African American
	6-13		Homeless		Asian/Asian-American
	14-17		Chronically Homeless		White
	18-24		Disability (specify):		American Indian/Alaska Native
	25-44		Speech Disability (specify):		Native Hawaiian/Pacific Islander
	45-54		Other (specify):		
	55-59		Health:		Other/Multiracial (Please specify):
	60 -64		Disabling Condition		

	65-74:		Health Insurance		Decline To State?
	75+		Unknown		
	Unknown/not reported				
	Date of Birth:				

Household Level Characteristics	×	Household Size	×	Highest Level of Education	×
Single Person		Single Person		Grades 0-8	
Two Adults No children		Two		Grades 9-12/Non Graduate	
Single Parent Female		Three		High School Graduate/GED	
Single Parent Male		Four		12 Grade + Some Post – Secondary	
Two Parent Household		Five		2 or 4 Years College graduate	
Non-related Adults with Children		Six or more		Graduate of other post – secondary school	
Multigenerational Household		Unknown/not reported		Unknown/ Not Reported	
Other					
Unknown/Not Reported					

Work Status (Individuals 18+)	×	Sources of Household Income	×	Other Income Source	×
Employed Full Time		Income from Employment only		TANF	
Employed Part Time		Income from Employment and other income source		Supplement security income (SSI)	
Migrant Seasonal Farm Worker		Income from employment, other Income source, and non- cash benefits		Social Security Disability Income (SSDI)	
Unemployed (Short-Term, 6 months or less)		Income from Employment and Non –Cash benefits		VA Service –Connected disability compensation	
Unemployed (Long-Term, More than 6 months)		Income from Employment and Non-cash benefits		VA Non Service Connected disability Pension	
Unemployed (Not in Labor Force)		Other Income Source Only		Private disability insurance	
Retired		Other income source and non-Cash benefits		Worker Compensation	
Unknown/not reported		No Income		Retirement Income from Social Security	
		Non-Cash Benefits Only		Pension	
		Unknown/not reported		Child Support	

Non-Cash Benefits	×	Health Insurances Sources	×	Alimony or other spousal Support	
Snap		Medicaid		Unemployment insurance	
WIC		Medicare		EITC	
LIHEAP		State Children's health Insurance Program		Other	
Housing Voucher		Stare Health Insurance for Adults		Unknown/not reported	
Public Housing		Military Health Care		Housing	
Permanent Support Housing		Direct Purchase		Own	
HUD-VASH		Employment Based		Rent	
Child Care Voucher		Unknown/not reported		Other Permanent housing	
Affordable Care Act Subsidy				Homeless	
Other/Unknown				Other/Unknown	

Income Certification (Circle One) FOR DATA INFORMATION ONLY, NOT ELIGIBILITY

ANNUAL INCOME LIMITS - 2012 Guideline						
INCOME LEVEL	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Zero Income to Poverty	\$0 - \$11,770	\$0 - \$15,930	\$0 - \$20,090	\$0 - \$24,250	\$0 - \$28,410	\$0 - \$32,570
Poverty to 30% AMI	\$11,771 - \$19,500	\$15,931 - \$22,300	\$20,091 - \$25,100	\$27,850 - \$27,850	\$28,411 - \$30,100	\$32,570 - \$32,571
30 - 50% AMI	\$19,501 - \$32,550	\$22,301 - \$37,200	\$25,101 - \$41,850	\$27,851 - \$46,450	\$30,001 - \$50,200	\$32,571 - \$53,900
50 - 80% AMI	\$32,551 - \$50,150	\$37,201 - \$57,300	\$41,851 - \$64,450	\$46,451 - \$71,600	\$50,201 - \$77,350	\$53,901 - \$83,100

CHECK HERE IF YOUR ANNUAL INCOME IS ABOVE THESE LIMITS

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

(**current-within 2 mos.)

- TANF Food Stamps(SNAP) Medi-CAL Tax Return (most recent return)
 SSI** Payroll Stub** Bank Statement Other ** _____
 Self certified. Please explain: _____

Scope of Service - Attendant Component

Easy Does It will provide emergency personal care only. Emergency personal care is services required to maintain the non-institutionalization of the client. EDI attendants are required to assist clients with urgent care needs by listening carefully to the client's instructions and by providing appropriate, reasonable services for the client.

Scope of Service – Detail: Services provided by emergency attendants:

- Accompaniment to urgent medical appointments
- Assistance with respiration such as self-administered oxygen and ventilators
- Assistance with interpreter needs
- Bathing, oral hygiene, and grooming
- Care and assistance with prosthetic devices
- Changes in bed linens and urgent light laundry **(2 loads max.)**
- Clearing accessible ramps and pathways of obstructions
- Dressing and undressing
- Garbage removal
- Light housecleaning **(Bath\Kitchen wipe down, Vacuuming, mopping, dishes)**
- Meal preparation, feeding and meal clean up
- Menstrual care
- Mobility assistance such as ambulation
- Postural repositioning both in and out of bed
- Protective supervision - **Up to 3 hours**
- Provide food, water and urgent clean-up for animals **(Includes Walking dogs)**
- Providing access to medications
- Range of motion exercises
- Tactile skin stimulation for circulation
- Toileting
- Transfer assistance in and out of bed, wheelchairs, other vehicles, from floor to wheelchair with assistance of another untrained person

Easy Does It Emergency Services

3271 Adeline St Unit B

Office: (510) 845-5513 Fax: (510) 845-2115 Dispatch: (510) 704-2111

Email: info@easydoesitservices.org

Office hours: Monday- Friday 9am – 4pm

My signature indicates that I have received this Easy Does It informational packet and that I agree to adhere to the policies and practices of Easy Does It Emergency Services Program and I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized Easy Does It personnel.

CLIENT

INTERVIEWER

Client Printed Name

Interviewer Printed Name

Parent/Client Signature

Interviewer Signature

Date

Date

Client gave verbal approval of this form

Please note that the 24-hour dispatch number is different than our general office number. The 24-hour dispatch emergency hotline number is (510) 704-2111.

If you have any questions or comments, please contact the Easy Does It office at (510) 845-5513. We need to receive feedback from our clients to help us continually improve our services. Thank you!