

California Indian Manpower Consortium, Inc. Elders Program

738 North Market Boulevard Sacramento, California 95834 (916) 920-0285

Received by CIMC:	

1. Elders Intake Information	١			
Last Name	First Name		Today's Date	
Home Address		City	State	Zip
Mailing Address (if different from above	·)	City	State	Zip
Phone Date o	f Birth		Social Security Number	er (Last 4 Digits Only,
2. Emergency Contact Infor	mation			
Last Name	First Name		Phone	
Home Address	(City	State	Zip
3. Tribal Membership Berry Creek Rancheria Cold Springs Rancheria Fort Bidwell Reservation Pauma Valley Reservation Santa Ysabel Reservation Susanville Rancheria Big Sandy Reservation Coyote Valley Reservation Mooretown Rancheria Robinson Rancheria Scotts Valley Rancheria Upper Lake Rancheria Chico Rancheria/Mechoopda Enterprise Rancheria North Fork Rancheria San Pasqual Reservation Sherwood Valley Rancheria Other (please specify)		following employed d Married	questionnaire are cones of the CIMC Elders F Monthly Inco \$0-500 \$501-1,500 \$1,501-2,500 \$2,501-above No Response Sources of Ir Employment Social Security Pension	Program. Dome: Come: Security Income efits

4. Elders Questionnaire Continued The answers to the following questionnaire are confidential and will only be seen by the employees of the CIMC Elders Program.						
Educational Status: O-6th Grade 7th-9th Grade 10th-12th Grade (did not graduate) High School Diploma Vocational Training O-3 Years of College College Degree Post Graduate College Degree Other (Specify) No Response Employment Status: Employed Self-Employed Unemployed Retired Would you like to work if you could find a job? Yes No	Current or Past Occupation: Clerical Administrative & Professional Medical Professional Technical Trade Farming or Ranching Service Occupation Other No Response Health Problems: Diabetes Hypertension Heart Problems Arthritis Vision Hearing No Response Other (please specify)	Housing Status: Own House Rent home/Apartment Rent a Room Other (please specify) What services are you currently receiving from the tribe or other programs? Medical Dental Educational Senior Services Employment Housing Other (please specify)				
5. Feedback What services would you like to receive that you are not currently receiving?						
Comments:						