

Savings CheckUp Intake Form

Do you have MEDICARE health insurance (red, white, and blue card)? Yes No

Name: _____

Address: _____ Date: _____

Phone: _____

Gender: Female Male Non-binary Transgender

Sexual orientation: Heterosexual Gay/Lesbian Something else I don't know
 Decline to answer

Zip code: _____ Veteran: Yes No Disabled: Yes No

Date of birth: _____ Household size: _____

Spouse's date of birth _____

Marital status: Single Married Married, living separate Divorced Widow/widower

Health status: Excellent Very good Good Fair Poor

Ethnicity: Asian Black Hispanic Native American Pacific Islander White 2+

Including yourself (and your spouse, if married),
what is your combined monthly gross income? _____ (list amount)

Estimated value of your assets (Savings/checking, IRA, Stock/bonds, Secondary property, etc..
Do not include the value of your current home and vehicle): _____

Housing: Own Rent Live with others Low-income housing Nursing home

Do you live in a rural area? Yes No



<u>For office use only</u>
Place where form was completed: _____
Referred by: _____
<input type="checkbox"/> AMOS <input type="checkbox"/> BEC Form 02-23-2024



Food & Nutrition

- SNAP (Supplemental Nutrition Assistance Program)
- Mobile Meals
- Congregate Meals
- Commodities
- Commodity Distribution



Health Care Programs

- Medicare Savings Program
- TennCare (Medicaid)
- CHOICES
- OPTIONS
- Gift of Sight, Hearing, & Dentures



Housing & Utility Assistance

- LIHEAP
- Home Repair & Weatherization
- Personal Emergency Response System & Discounted Wireless



For Medicare Beneficiaries

Please complete only if you have a red, white, and blue Medicare card.

By completing the reverse side of this form, I am asking the CAC Office on Aging to complete a Savings Check Up screening for me to see if I may be eligible for money saving benefits in my area.

I would like to be contacted by the Office on Aging to discuss any benefits I may be eligible for.



Medication Assistance

- Low Income Subsidy (LIS)/Extra Help
- Patient Assistance Programs (PAPs)
- Prescription Savings & Discount Cards



Tax Relief

- Property Tax Freeze & Tax Relief
- VITA and AARP Tax Assistance



Other Programs

- Legal Assistance
- Senior Employment
- Family Caregiver Support
- Veteran Services

Questions about this form? Call Senior Information & Referral at 865-546-6262

Submit completed form to the desk where you picked it up, or mail to:
Senior Information & Referral/Savings Check Up Office, PO Box 51650, Knoxville, TN, 37950 | Fax to: 865-546-0832