



Benefits Enrollment Center Intake Form

Agency Name: _____

Date Completed: _____

Client Name: _____

Client Date of Birth: _____

Client Address: _____

Primary Physical Address Mailing Address

Client Phone Number: _____

Client Email Address: _____

Sex:

- Male
- Female
- Prefer not to answer

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific
Islander
- White
- Prefer not to answer

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Primary Language: _____

Marital Status:

- Married
- Never Married
- Separated
- Divorced
- Widowed
- Prefer not to answer

How did the client learn about the BEC?

- BenefitsCheckup
- Call Center
- Community Organization
- Doctor/pharmacist
- Eldercare Locator
- Email
- Find Help (AARP)
- Friend/family
- Google/search engine
- Print publication
- Social Media
- Television /radio
- Declined to answer
- Other: _____

What type of benefits is the client seeking?

- All services
- Healthcare and medication
- Food and nutrition
- Housing and utilities
- Transportation
- Income
- Aging in place (e.g., Home and Community Based Services or Older Americans Act (AAA) services)
- General (Includes help with disability services, long term care, discounts and activities, tax help, crisis support, legal aid, general resources, Veterans programs, and more)

Does this client have Medicare or are they Medicare eligible?

- Yes
- No

Is client a veteran?

- Yes
- No
- Prefer not to answer

Beneficiary assets

- Above LIS asset limits
- Below LIS asset limits
- Not collected

Beneficiary annual individual income

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 or more
- Prefer not to answer

Client's perceived health status

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

Does client have a disability?

- Yes
- No
- Prefer not to answer

To be filled out by BEC staff:

Was Medicare preventive services information discussed or provided?

This is referring solely to information about Medicare Preventive Services that has been provided to your organization by NCOA.

Yes

No

Please check the box(es) for which you completed an application or renewal application for the individual above. Please check all that apply. (Note that completing applications for Medicare Parts C and D are not benefits.)

Core Benefits

Part D Extra Help (LIS)

Screened Submitted Not discussed

Medicare Savings Programs (MSP)

Screened Submitted Not discussed

Supplemental Nutrition Assistance Program (SNAP)

Screened Submitted Not discussed

Medicaid

Screened Submitted Not discussed

Optional Benefits

Low-Income Home Energy Assistance (LIHEAP)

Screened Submitted

Supplemental Security Income (SSI)

Screened Submitted

Social Security Disability Insurance (SSDI)

Screened Submitted

Prescription Drug Benefits other than Part D (e.g. State Pharmaceutical Assistance Programs (SPAP))

Screened Submitted

Tax Benefits (e.g. Property Tax Relief, Earned Income Tax Credit (EITC), Child Tax Credit (CTC))

Screened Submitted

Veteran's Benefits (Aid & Attendance, VA Disability Compensation, VA Pension, etc.)

Screened Submitted

Housing Subsidies (e.g. Public Housing, Section 8, Rent Subsidies)

Screened Submitted

Lifeline

Screened Submitted

Public Assistance (Temporary Assistance for Needy Families (TANF), Tribal Temporary Assistance for Needy Families (TTANF), Bureau of Indian Affairs (BIA) General Assistance)

Screened Submitted

Unemployment Insurance

Screened Submitted

Subsidized Transit Benefits

Screened Submitted

Home Internet (e.g. Access from AT&T)

Screened Submitted

Home Benefits (e.g. Weatherization, Section 504 Home Repair, FEMA)

Screened Submitted

Other Food Benefits (e.g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); The Emergency Food Assistance Program (TEFAP); Free and Reduced Price School Meals; Food Distribution Program on Indian Reservations (FDPIR))

Screened Submitted

General Other Means-Tested Benefits (e.g. Childcare Subsidies)

Screened Submitted

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