



Star CARE Intake Summary

Date: _____

Client Name: _____

Address: _____

City/State & Zip: _____

Phone 1: _____

Phone 2: _____

Member of California Eastern Star	YES	NO
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Member able to complete application on their own?	YES	NO
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Chapter Name & Number: _____

D.O.B.: _____ Date CA Dx: _____

Select a Program:	Admission	Benevolent	Outreach/I&R	Cancer Assist.
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Are you applying for residency for yourself or someone else?: YES: _____ NO: _____

Are you applying for residency with another individual? YES: _____ NO: _____

Have you ever applied for or received assistance from the Order of the Eastern Star? YES: _____ NO: _____

If YES, Name of Fund: (i.e. Benevolent Fund, J.Clifford Lee, Margaret Rennie, etc.): _____

Have you ever applied for admission to any senior residential community? YES: _____ NO: _____

Have you applied for Admission to any Masonic or Eastern Star Home? YES: _____ NO: _____

If YES provide the name and address of the community	Name:			
	Address:			
	City:	State:	Zip:	
	Telephone #			

Currently Living: Alone? _____ With...? _____ Type? Home / Apt. / Mobile Home

ADL Status: _____

In the past twelve (12) months have you been a patient in a:	Hospital	YES: _____	NO: _____
	Skilled Nursing Facility	YES: _____	NO: _____
	Assisted Living Facility	YES: _____	NO: _____
If YES provide the name and address of the facility:	Name:		
Admission date: _____	Address:		
	City:	State:	Zip:
	Telephone #		

Current Services: _____

Household Income/Source: _____ Financial Difficulty?: Yes/No Emergent?: Yes/No

List Current
Status/Need:

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