

APPLICATION FOR SERVICES

APPLICANT INFORMATION

Applicant Name _____

Street Address _____ **Apt/Unit** _____

City _____ **Zip Code** _____ **Phone Number** _____

Date of Birth _____ **Last 4 of SSN** _____

Gender

Man Woman I wish to self-identify as: _____

Marital Status

Married Single (never married) Single (divorced) Separated Widowed

Veteran

Yes No

Race

American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White Unknown/refused

Ethnicity

Not Hispanic or Latino Hispanic Puerto Rican Hispanic Mexican American
Hispanic Cuban Hispanic Other Unreported

LOCAL EMERGENCY CONTACT INFORMATION

Name _____ **Relationship** _____

Preferred Phone Number _____ **Other Phone Number** _____

HEALTH INFORMATION

Summary Physical Limitations and Health Challenges:

Other Services Applicant Receives:

Home health Housekeeping In Home Aide/PCS Mental Health None Other

Does applicant drive? Yes No

REFERRAL INFORMATION

Referred by _____ **Phone Number** _____