

Name: _____ Phone#: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Gender: Male Female Transgender Other _____Language: _____ Need translation services? Yes NoRace: African American Caucasian Native American Pacific Islander Latino/a
 Asian Indian Asian Chinese Asian Other _____ Other: _____1. How do you accomplish your trips or get to your appointments or shopping now?

_____2. Do you need to travel with the assistance of another person?
 Always Sometimes Temporarily (recuperating from surgery/illness)3. Do you have another person to accompany you on trips?
 Always Sometimes Never4. On what types of trips would you require assistance?
 Doctor/medical appointments Grocery shopping Errands5. Do you use any of the following mobility aids or specialized equipment?
 Cane White cane Service animal Walker Oxygen tank
 Wheelchair (manual) Wheelchair (power) Other: _____6. What types of assistance do you need to receive at your destination?
 Push wheelchair Carry packages (grocery, bags, etc.)
 Provide a steadying arm Guidance due to visual impairment Help shopping (i.e. select items from shelf, push cart, etc.) reading and/or completing forms
 Directional (i.e. help reading signs) Emotional or behavioral support
 Other assistance _____7. What health problems or disabilities affect your ability to travel without help:
 Arthritis or Osteoporosis Mental/Emotional Disorder Cerebral Palsy
 Multiple Sclerosis Memory Difficulties Paraplegic
 Developmental Disability Parkinson's Diabetes Heart Problems

CLIENT APPLICATION

- Respiratory Problems Hearing Impairment Kidney Disease
 Complications from Stroke Visual Impairment Aphasia
 Other _____

8. Disabled? Yes No 9. Monthly household income _____

10. Number of people in household (including you): Adults _____ Children under 18 _____

12. Emergency: Name: _____ Phone# _____

Relationship : _____ Email _____

******FOR LIFE ELDERCARE STAFF USE ONLY********Eligibility** (subject to change if/as needs and circumstances change)

1. Designated eligible on ____/____/____
 2. Designated ineligible on ____/____/____

due to:

- Has sufficient supports in place
 Does not need destination assistance
 Has needs LIFE cannot meet. Which needs? _____

Subsequently referred to: _____

Staff name _____

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