

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: • Male • Female • Transgender • Other \_\_\_\_\_

Language: \_\_\_\_\_ Need translation services? • Yes • No

Race: • 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:

Kidney Disease

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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