



***Client Application 2021***

**Personal Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street/Apt#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Congregation Affiliation: \_\_\_\_\_

Mobility: Cane \_\_\_ Crutches \_\_\_ Walker \_\_\_ Primary Language: \_\_\_\_\_

Living Arrangement: Alone \_\_\_ Family \_\_\_ Friend \_\_\_ Other \_\_\_

Are you a Veteran? Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_ Covid Immunization: Yes \_\_\_ No \_\_\_

Hearing Impaired: Yes \_\_\_ No \_\_\_ Memory Impaired: Yes \_\_\_ No \_\_\_

Visual Impaired: Yes \_\_\_ No \_\_\_ Communication Impaired: Yes \_\_\_ No \_\_\_

Medical Conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

Race/ Ethnicity: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Gender not listed \_\_\_

Annual Income: Less than 20K \_\_\_ 20K-40K \_\_\_ 40K-60K \_\_\_ 60K-80K \_\_\_  
Over 80K \_\_\_ Declined/Not Reported \_\_\_

**Services you are interested in:** Medical Transportation \_\_\_ Companion Transportation \_\_\_  
Friendly Caller \_\_\_ Friendly Visitor \_\_\_ Handy Helper \_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_