



For office use only	
Area _____	No. _____
Date received _____	

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SENIOR FALL PREVENTION SERVICES

Application

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone number where we can call you on weekday mornings: (_____) _____

Alt Phone: (_____) _____

Does someone in the home speak English (not required)? Yes No

Have you been falling? Yes No

How did you hear about our program? _____

INCOME INFORMATION

Please list all information on an **Annual** basis.

Are you currently employed? Yes No

If yes, who is your current employer? _____

If you are working, what is your average annual income? _____

Please list any public assistance (including AFDC, WIC, Unemployment): _____

Social Security Income: _____ Pension Income: _____

Disability Income: _____

What are your physical disabilities? _____

Other Income (Please explain): _____

Are you on Medicare? Yes No Do have any supplemental insurance? Yes No

Do you have any ongoing medical expenses? Yes No

If yes, please explain: _____

Number of persons living in the home: _____

Please list everyone living at this address:

Name	Age	Annual Income	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TELL US ABOUT YOUR HOME

Do you own the home?..... Yes No
If NO, please provide contact information of Owner as we need a written authorization (by fax, mail, or email) to provide the services _____

Is your home a mobile home? Yes No

Is it a single family home? Yes No

Do you own any other property? Yes No

Do you plan to sell your home or move in the next year? Yes No

Do you own dogs that may concern the volunteers? Yes No

TELL US ABOUT YOU

Can you get in/out of the tub/shower with ease? Yes No

Do you need another person to assist getting out of bed or chair?..... Yes No

Can you get on/off the toilet with ease? Yes No

Do you have a mat in the bath/shower to keep you from slipping? Yes No

Are you wheel chair bound? Yes No Do you use a walker? Yes No

Some of the modifications, like toilet seat risers, have weight and height restrictions.

Please list your Weight _____ Lbs. and Height _____ Ft. _____ In.

MODIFICATION LIST

- | | |
|---|---|
| <input type="checkbox"/> Bathroom grab bars | <input type="checkbox"/> Raised toilet seat (please select one) |
| <input type="checkbox"/> Bath tub clamping bar | <input type="checkbox"/> Regular (round) |
| <input type="checkbox"/> Hand-held shower sprayer | <input type="checkbox"/> Long (oval) |
| <input type="checkbox"/> Anti-skid safety mat (please select one) | <input type="checkbox"/> Toilet Safety Frame |
| <input type="checkbox"/> Tub <input type="checkbox"/> Shower | <input type="checkbox"/> Tub Seat |
| <input type="checkbox"/> Transfer assistance pole | <input type="checkbox"/> Shower Stool |
| <input type="checkbox"/> Transfer ramps: | |

- Door where ramp to be installed _____ i.e. front, garage
- Height of step at door _____ (in inches)
- Available space in front of door _____ (in feet) i.e. 3 feet
- Do you have a security door? Yes No

ETHNICITY (Optional Information)

- | | | |
|---|--|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian-American |
| <input type="checkbox"/> Chicano/Latino | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |

This information does not affect the selection process. It is requested for statistical reasons only.

My signature below indicates that all information provided is accurate and complete. I understand that all work is done by volunteers and there is no warranty for services provided. This application does not guarantee selection to the program. I understand that the information received will be kept confidential and will be used strictly for determining eligibility for this program.

Signature: _____ Date: _____

Application taken over phone by: _____ Date: _____

If you are not the homeowner, but are filling this out for them, please provide the following:

Your name: _____ Phone: _____

Relationship to homeowner: _____

POTENTIAL PROJECT INFORMATION

Are you a Veteran or spouse of a Veteran? Yes No

Does the outside of your home need painting? Yes No

Does your home need additional repairs? Yes No

