

Supportive Services Program Registration

Please complete this form to the best of your ability. Heavily outlined items are for office use only.

Contact Date		AAA Region	
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Section A. Basic Demographics

Last Name	First Name	Middle Initial	
<input type="checkbox"/>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	Date of Birth:	
Address:		Address #2:	
City:	State:	Zip Code:	County:
Home Phone:	Mobile Phone:	Work Phone:	

Section B. Social History

Race (Check all that apply): American Indian or Alaska Native Asian or Asian American Native Hawaiian or Pacific Islander Black or African American White	Ethnicity (Check one): Hispanic or Latino Non-Hispanic
Household Size (Check one): <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others.	

Section C. Financial

<u>I live alone</u>and my <u>monthly</u> income is between (Check one)			
\$1,215/month or less	\$1,216 - \$1,823/month	\$1,824-\$2,430/month	More than \$2,430/month
<input type="checkbox"/> <u>I live with my spouse</u>and our <u>monthly</u> income is between (Check one)			
\$1,643/month or less	\$1,644-\$2,465/month	\$2,466-\$3,287/month	More than \$3,287/month

Section D. Contacts

Emergency Phone:	Emergency Contact Name	Emergency Contact Relationship:
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Section E. Activities of Daily Living

Can you walk around inside without any help? Yes No	Can you bathe or shower without any help? Yes No
Can you sit up or move around in bed without any help? Yes No	Can you use the toilet without any help? Yes No
Can you comb your hair, shave, wash your face, or brush your teeth without any help? Yes No	Can you dress without any help? Yes No
Can you get in and out of bed or chair without any help? Yes No	Can you manage eating without any help? Yes No

Section F. Independent Activities of Daily Living

Can you answer the telephone or make a phone call without help? Yes No	Can you do heavy house cleaning, like yard work and laundry, without any help? Yes No
Can you shop for food and other things you need without help? Yes No	Can you take your medications without help? Yes No
Can you prepare meals for yourself without help? Yes No	Can you handle your own money, like keeping track of bills without help? Yes No
Can you do light housekeeping, like dusting or sweeping, without help? Yes No	Can you use public transportation or drive beyond walking distances without help? Yes No

Section G. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.
My signature (written or typed) indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____