

Information Requested**Description/Explanation**

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Applicant Information	Name	Provide your full legal first name, middle initial, and last name. <ul style="list-style-type: none">• Your last name is your family name.• Your first name is your given name.• Your middle initial is the first letter of your second given name or first letter of your middle name (if any).
	Date of Birth	Provide your date of birth in the mm/dd/yyyy format. For example, June 19, 1947, should be written as 06/19/1947.
	Home Address	Provide the address where you currently live. <ul style="list-style-type: none">• Street Number and Street Name• Apartment Number (if applicable)• City, State, and Zip Code If you do not have a home address, provide an address where you receive mail. Do not provide a post office box address (P.O. Box).
	Telephone Number	Provide either a home or cell phone number. <ul style="list-style-type: none">• If you do not have a home or cell phone number, provide a telephone number where a message can be left.
	E-mail Address	Provide an e-mail address. <ul style="list-style-type: none">• If you do not have an e-mail address or if you choose not to provide this information, enter "NA" in the box provided.

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Preferred Method of Contact	Choose how you prefer to receive program updates. Choose one of the following three boxes provided on the form: <ul style="list-style-type: none">• Home Phone• Cell Phone• E-mail
Gender	Choose which gender you identify as. Choose one of the following four boxes provided on the form: <ul style="list-style-type: none">• Male• Female• Transgender• Decline to State – Choose not to disclose your gender.
Mailing Address	If different from your Home Address, provide an address where mail can be delivered. If applicable, you may provide a P.O. Box address.
Employment Status	Provide your current work status: <ul style="list-style-type: none">• Employed full-time or part-time• Retired• Currently unemployed• Decline to State – Choose not to disclose your gender.

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Applicant Information	Race	<p>Choose which race you identify as. Choose one or more using the following six boxes provided on the form:</p> <ul style="list-style-type: none"> • American Indian/Alaskan Native – includes persons having origins with any of the original peoples of North and South America (including Central America). • White – includes persons having origins with any of the original peoples of Europe, the Middle East, or North Africa. • Black/African American– includes persons having origins in any of the black racial groups of Africa. • Asian– includes persons having origins with any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. • Hawaiian/Pacific Islander - includes, persons having origins with any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • Multiple race – includes persons having origins of a combination of those stated above. • Decline to state – Choose not to disclose your racial identity. • Other – You identify with a race not listed above. Specify which race that you identify with.
	Ethnicity	<p>Choose which ethnicity best identifies you. Choose one of the following three boxes provided on the form:</p> <ul style="list-style-type: none"> • Hispanic/Latino - includes persons of Cuban, Mexican, Puerto Rican, South- or Central-American, or other Spanish culture in origin, regardless of race. • Not Hispanic/Latino – includes persons of all other origins. • Decline to state – Choose not to disclose your culture of origin.
	Language	<p>Choose the primary language in which you are able to communicate (read, write, and/or speak).</p> <p>Please confirm if you require program materials to be translated.</p>
	Emergency Contact	<p>Provide information for an individual who should be contacted in the event of an emergency.</p> <ul style="list-style-type: none"> • Contact Name (First name, Last name) • Relationship to applicant (i.e. Is this person your brother, friend, cousin, neighbor, etc.) • Telephone number– Home phone or cell phone number to reach your contact
	Referral Source	<p>Provide information on how you became aware of the program.</p>

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Mobility Information	Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)	Choose the level of assistance needed with the given Activities of Daily Living: <ul style="list-style-type: none"> • Independent – No physical or verbal assistance needed • Verbal Assistance – Only instructions or coaching assistance needed • Some Human Help – Minimal physical or verbal assistance needed • A lot of Human Help – Physical or verbal assistance for the majority of the activity • Dependent – Completely reliant on physical and/or verbal assistance • Decline to State
	Disability	Disability is defined as a physical or mental impairment that substantially limits one or more of the activities of daily living (ADLs) of an individual. If applicable, choose the box(es) that corresponds with the type of disability you have.
	Mobility Aid	If applicable, choose the equipment you need to move about. Choose one or more from the following: <ul style="list-style-type: none"> • None – You do not need or use mobility equipment • Wheelchair • Scooter • Walker • Cane • Crutches • Oxygen tank • Service Animal • Other - You use equipment, but none listed above. Specify the equipment used.

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<p>Mobility Information</p>	<p>Transportation</p>	<p>Choose the mean(s) of transportation you currently use when leaving your home. Chose one or more of the following seven boxes provided on the form:</p> <ul style="list-style-type: none"> • Family members provide rides • Friends/Neighbors provide rides • Personal Vehicle – Drive yourself • Public Transit –Bus, Shuttle, Rail line, Subway • Dial-A-Ride – request rides using Dial-A-Ride services • ACCESS – request rides using ACCESS services • Other - You do not use the types of transportation listed above. Specify the transportation used.
	<p>Trips</p>	<p>Choose the type(s) of destinations that represent your most frequent outings:</p> <ul style="list-style-type: none"> • Medical facility – for appointments, visits, etc. • Pharmacy – for medication • Grocery Store – food shopping • Employment – to and from work, interviews, etc. • Personal – for family visits, mall, movies, restaurants, court, etc. • Senior Centers, Community Centers, Recreational Center, etc. • Place of Worship – Church, Temple, Synagogue, Mosque, etc. • Other – If you do not frequently travel to the locations listed. Specify your type of outings and/or destinations.

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Mobility Management	Quality of Life	Quality of life is defined as the degree of satisfaction an individual has regarding their style of life; .the extent to which you enjoy the important possibilities of your life.
	Transportation Difficulties	Do you experience problems with accessing transportation? If so, state the reason for the issues encountered. <ul style="list-style-type: none"> • Cost – the price of transportation is too high • Disability – your disability prevents you from fully accessing transportation • Available services unknown– unaware of available transportation services or how to use services • Lack of services in area – there is a lack of transportation options available in your area
	Transportation Impact	What effect does access to transportation have on your quality of life? <ul style="list-style-type: none"> • Negative – prevents you from living your life to your complete satisfaction • Somewhat Negative – limits your ability to live your life to your complete satisfaction • Neutral – has no effect on your day-to-day living • Somewhat Positive – allows you to engage in some satisfactory activities • Positive – allows you to live your life to your complete satisfaction
	Medical/Dental Appointments Missed	In the past 6 months, how many pre-scheduled medical and dental appointments have you canceled or rescheduled due to a problem with transportation?
	Personal Appointments Missed	In the past 6 months, how many personal appointments have you canceled or rescheduled due to a problem with transportation? Personal appointments include: personal care appointments, meetings, reservations, etc.
	Travel time	Approximately, how much time is needed to travel from your home to your medical or dental facility? Please provide the travel time for the facility that you visit the most.
	Public Transit Usage	Approximately, how many times per month do you use public transportation? Public transportation is shared passenger-transport service that runs on fixed (set) routes and includes the following: buses, shuttles, rails, and subways.
	Out of Home Activities	Approximately, how many days per month do you leave your home to engage in social activities? Examples of social activities include visits to the following locations: Senior/Community Center visits, Places of worship, Movie Theaters, Shopping Centers, Restaurants, Family visits, etc.

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Acknowledgement	Certification	<p>This section certifies that the information that you have provided on the form is accurate and verifiable. If determined otherwise, you may be deemed ineligible for the program. Follow these instructions to certify that it is all information that is true and accurate:</p> <ul style="list-style-type: none">• Provide a complete signature.• Input the date the application is completed in the mm/dd/yyyy format. For example, June 19, 2016, should be written as 06/19/2016.• If the form was completed by an authorized representative of the applicant, the representative should provide their printed name, signature, and date the application is completed.
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