

Supportive Services Program Registration

Please complete this form to the best of your ability. Shaded areas are for office use only.

Contact Date	Status	AAA Region	NAPIS ID Number
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Section A. Basic Demographics

Last Name:		First Name:		Middle Initial:
Lives in Rural Area (Circle One): <input type="checkbox"/> Yes <input type="checkbox"/> No		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 (Circle one): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White Hispanic <input type="checkbox"/> White not Hispanic <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	Ethnicity (Circle one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic	
Household Size (Circle One):	I live alone.	I live with others.

Section C. Financial

<input type="checkbox"/> <u>I live alone</u>and my <u>monthly</u> income is between (circle one) Under \$1,012 /month \$1,012- \$1,518 /month \$1,519-\$2,024/month More than \$2,025/month
<input type="checkbox"/> <u>I live with my spouse</u>and our <u>monthly</u> income is between (circle one) Under \$1,372/month \$1,373-\$2,058/month \$2,059-\$2,743/month More than \$2,744/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.

Signature: _____ Today's Date: _____