

Lakes and Pines Community Action Council, Inc.

Senior Services Programs Application New/Update

Name (adult #1): _____ (adult #2) _____

Street Address: _____ City / Zip: _____

County: _____ Phone: () _____ Date(s) of Birth: (#1) _____ (#2) _____

Household Monthly Income: _____ E-mail address: _____

Is anyone in your household eligible for veteran's benefits? Y / N; If yes, who? _____

Are you a homeowner? Y / N; Do you receive services paid by private *Health Plans? Y / N _____

Are you eligible for an Elderly Waiver or Alternative Care voucher and have a *Care Plan? Y/N _____

*Get contact info re the Health Plan or Care Plan and permission to contact the insurance company or county.

Rate your awareness of available services to help you remain in your home:

Unaware / Average / Good / Excellent

Rate your knowledge of how to access these services: Unaware / Average / Good / Excellent

How may we help you? Please circle the appropriate request - RESPITE: CHORE: DELIVERY:

| Virtual | Accessibility | Safety | Home Maintenance | Outdoor Maintenance | Delivery Services |
|-----------|-------------------|-------------------|------------------|---------------------|--------------------|
| Tuesday | Handrails | Ladder Work | Filter Changes | Snow Removal | Online ordering |
| Wednesday | Floor transitions | Security Locks | Softener Salt | Driveway | Delivery to home |
| Thursday | Door Handles | Light Bulbs | Window Wash | Sidewalk | Scheduling |
| | Raised seats | Smoke/CO detector | Minor Painting | Roof | Putting goods away |
| | | Organizing | Seasonal Org. | Gutter Clean | |
| | | | | Raking | |

L&P Staff Information:

Referral/outreach _____
 Additional notes _____

RSS : #1 _____ #2 _____ #3 _____ Internal referral? E/H SNAP HEAD START CS Dept: ____/____/____

Home visit date: ____/____/____ Time: _____; Volunteer hrs: _____; Follow-up date: ____/____/____