For Office Use Only:	☐ Approved ☐ Denied ☐ Deadfiled	Amount Approved: _____	Date: _____

Aging and Disability Resources for Colorado

Date: _____

ADRC of Mesa County
Client Services/Financial Assistance Application

The information collected in this application is required by the Older Americans Act / NAPIS Project in order for our program to receive continued funding. Please fill out this form completely (front & back). Thank you for your cooperation.

Client Name: _____
(last name) (first name) (middle initial) (nickname)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different than above)**:** _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Date of Birth:** _____ **Age:** _____ **Social Security #:** _____

Race/Ethnicity:
☐ African American
☐ Hispanic/Latino
☐ American Indian/Alaskan Native
☐ White
☐ Asian/Pacific Islander

Marital Status:
☐ Married
☐ Single
☐ Divorced
☐ Widowed
☐ Other

Employment:
☐ Fulltime
☐ Part-time
☐ N/A/Retired

What is your primary language?:
_____

Are you a veteran?:
☐ Yes
☐ No

Spouse of a veteran?:
☐ Yes
☐ No

Emergency Contact Name: _____ **Phone #:** _____ **Relationship:** _____

Name of your primary physician: _____ **Phone #:** _____

What is your living arrangement?:
☐ Live Alone
☐ Live w/Spouse
☐ Live w/Extended Family
☐ Live w/Non-relatives

Where do you live?:
☐ Own Home
☐ Rent home/apartment
☐ Family member's residence
☐ Long-term Care Facility
☐ Subsidized Housing/Senior Community
☐ Group Home
☐ Homeless
☐ Other (Please Describe):
_____

Do you have a disability or illness that affects your daily life?

Check all that apply:
☐Physical Disability ☐Developmental Disability ☐Mental Illness ☐Dementia
☐Traumatic Brain Injury ☐Unspecified Disability ☐Unknown Disability ☐Multiple Disabilities ☐No Disabilities

What type of service or materials are being requested?**:** _____

Please explain in detail why this assistance is needed.

_____

_____

_____

_____

_____

_____

_____

Monthly Household Income:

Source of Income:	Monthly Amount (gross)	Source of Income:	Monthly Amount (gross)
Social Security Retirement (SA)		Veterans Benefits/Pension	
Supplemental Security Income (SSI)		Retirement/ Pension	
Social Security Disability Income (SSDI)		Employment (fulltime or part time)	
Old Age Pension (OAP)		Unemployment Benefits	
Temporary Aid to Needy Families (TANF)		Food Assistance (Food Stamps)	
Aid to the Needy Disabled (AND)		Other Source of Income	

Do you receive Medicare? ☐Yes ☐No

Do you receive Medicaid? ☐Yes ☐No

Do you receive Medicaid Transportation Services? ☐Yes ☐No

Do you access/use public transit systems? ☐Yes ☐No

Monthly Household Expenses:

Rent/Mortgage: _____ Trailer/Lot Rent: _____ Water/Sewer: _____ Gas/Electric: _____

House Phone: _____ Cell Phone: _____ Health Insurance (supplemental not Medicare/Medicaid): _____

Life Insurance: _____ Auto/Car Payments: _____ Auto/Car Insurance: _____

Medical Copays: _____ Pharmacy: _____ Food (not including Food Stamps): _____

Other monthly expenses: _____

_____

_____

What are <u>you</u> able to contribute to the cost of service?: _____

<u>Options Counselor or Case Manager Use Only:</u>		I can manage money without help.	☐Yes ☐No
I can eat without help.	☐Yes ☐No	I can take care of shopping without help.	☐Yes ☐No
I can dress myself without help.	☐Yes ☐No	I can take my medication without help.	☐Yes ☐No
I can bathe myself without help.	☐Yes ☐No	I can prepare meals without help.	☐Yes ☐No
I can use the toilet without help.	☐Yes ☐No	I can do ordinary housework without help.	☐Yes ☐No
I can get in & out of bed/chairs without help.	☐Yes ☐No	I can use the telephone without help.	☐Yes ☐No
I can get around inside my home without help.	☐Yes ☐No	I can use transportation without help.	☐Yes ☐No

I understand that information from this application is used to determine eligibility and service through ADRC of Mesa County. ADRC does **<u>not</u>** offer emergency services. The application process can take a week or longer if additional information is needed. There is no guarantee of services or assistance. Once reviewed by the council, an ADRC options counselor will contact you of the decision made. Eligibility depends on funds available, need for care, functional status, age of caregiver (if one is involved), and the goals related to independence. Priority will be given to those individuals with the greatest social and/or economical needs. ADRC of Mesa County does not employ, license, certify, or otherwise control providers and is not responsible for care, quality of care or services. I authorize ADRC of Mesa County to release protected health information from this application only as it relates to my treatment, payment, provisions of services, and/or care. I understand that if I am capable I can voluntarily contribute to the cost of my services. I cannot be denied services by my inability to contribute towards the cost of the service. Please sign and date the application and return it to ADRC of Mesa County, 510 29 ½ Rd, PO Box 20,000-5001, Grand Junction, CO 81502-5001 or email us at ADRC@mesacounty.us. If you have any questions about the application please call our office at 970-248-2746, option 1.

_____ _____

(name) (date)

_____ _____

(name of person assisting with application) (date)