Aging In Place Elder Care Services, Inc.

Registration Form

Notes:
There is no membership fee required for your participation in our Activity Programs. However, as a non-profit agency, our funders require us to maintain data on those we serve to determine OUR eligibility to receive grants to support our programs.

Your eligibility to receive FREE EFS (Emergency Food, Shelter, and Financial Assistance) is based on your income. All information remains confidential. We also update our records ANNUALY, every October.

FOOD & SOCIAL ACTIVITIY PROGRAMS AND SERVICES

Please indicate which of our programs and/or services you are interested in participating and/or receiving service. I would like to participate in the following programs and services:

Do you still cook? ____ Yes ____ No ___ Sometimes

_____ **Weekly Meals Service Pick Up or Delivery**
_____ Holiday Meals, only _____ Healthy Weekly Meals, ____ pick up, or requires ____delivery.

Any special dietary consideration _____ Diabetic _____ High Blood Pressure
or _____ Other, _____

_____ **Social Activities** (held on the 1st and 3rd Mondays each month)
_____ Breakfast Buffet and/or Holiday Congregate Meals ___ Volen Take Home Lunches
_____ Holiday Food Baskets and/or Flowers _____ Field Trips _____ Programed Activities that include Health & Wellness Educational Classes

_____ **Pantry Groceries (**Capacity for pantry is 30 seniors, receives delivery twice a month on a Tuesday or Wednesday. Occasionally, there is a waiting list).
_____ Please add _____ # meal(s) for me and _____

_____ **Basic Essential Services** for _____ on-line assistance applications _____ Financial Aid for rent/utilities, home repairs for _____ Code Violations, or _____ Handicap Needs

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Date: _____

Applicant's Name: _____
First Middle Last
Date of Birth: _____. Social Security #_____
Please provide a copy

Check appropriate box: ___ Male or ___ Female - Email Address: _____
Do you have a tablet or computer: ____ Yes or ____No Can you Zoom? ___ Yes ___No
Current Address: _____ _____
Street City State Zip Code
How long have you lived at this address? _____ _____Own ___ Rent ___Other, _____
Home Phone: _____ Work Phone:_____

Aging In Place Elder Care Services, Inc.
8844 A Marge Court, Ste A, Boynton Beach, FL 33436
www,apeldercaresvc.org | 561-386-4261

Cell Phone: _____U.S. Citizen? Yes □ No □ If No, Valid Permanent Resident Cardholder: Yes □ No □
Driver's License or State Identification: ____ Yes ___ No – (Please provide a copy of your ID)

The following information is requested in order to monitor compliance. You are not required to furnish this information. If you do not wish to furnish the information below, please check the appropriate box.

ETHNICITY

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

- I DO NOT WISH TO FURNISH INFORMATION

RACE

- ALASKA NATIVE
- NATIVE AMERICAN
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN
- OTHER PACIFICISLANDER
- WHITE
- OTHER, _____

- I DO NOT WISH TO FURNISH INFORMATION

Emergency Contact Information Please provide name, phone number, and relationship with you.

Name: _____ _____

Phone Number: _____

Relationship to you: _____

Health Insurance Plan is with: _____ Doctor: _____

Phone Number; _____ Hospital Preference: _____

Any Chronic Conditions: _____ Allergies? _____

I am a member of this Congregation

_____

My Pastor is _____ Phone Number _____

In case of a Hurricane or Natural Disaster:

_____ I am registered with a special need shelter _____ I would need help getting to a shelter.

_____ I would need help making preparations - shutters, supplies (food, water & medicine)

_____ Just check on me when it is over.

Do you live alone? ____ Yes ___ No
Are you a caregiver? ____ Yes ____ No For Whom: _____

Do you Drive? _____ Would you need transportation? _____

Do you have any Mobility Issues, i.e., walkers or canes, etc.? _____

HOUSEHOLD INCOME from Wages or Salaries, Benefits from Social Security, Pensions, Investments, SNAP, DCF, Real Estate, (Must provide proof)

SOURCE	GROSS AMOUNT	ADDITIONAL COMMENTS
Wages		
SSI benefits		
SSA benefits		
SNAP benefits		
Pension		
Investment Income		

I consent to Aging In Place Elder Care Services, Inc. to use my photo captured at any event in their social media marketing materials, and with funders to help obtain program support.

Signature: _____ ***Date:*** _____

Please attach copies of you Driver's License, Social Security Card, Benefits or income documents, or email to Sharon Johnson-Fres, at Sherryccc@aol.com, President of Aging In Place Elder Care Services, Inc.

COMMENTS:

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