

Chore and Home Injury Control Application

Participant/Head of Household Information	Date: _____
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Name: _____ Phone _____
 (Last) (First) (MI)

Address: _____
 (street) (city, state, zip code)

Date of Birth _____ ___ Male ___ Female

Marital Status: ___ Married ___ Divorced ___ Widow/er ___ Single

Please check race/ethnic background: **Last 4 of Social Security Number** _____

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Hispanic
- Other Multi-Racial

How did you hear about this OLHSA program?

Highest Level of Education Completed _____

Household Information

___ Own Home ___ Rent Total number of people in household: _____

Complete the following information for every member of the household:
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	Name	Relationship to Head of Household	Date of birth	Age	Gross Monthly Income and source of income
Head of Household		N/A			
Spouse					
Other Member					
Other Member					

Continued....

SERVICES REQUESTED

- Grass Cutting Fall Cleanup Snow removal Spring Cleanup
 Gutter Cleanup Home Injury Control Devices

Health Information

Please mark all activities that you are unable to perform without personal assistance, stand-by assistance, supervision or cues.

Activities of Daily Living:

- Eating/feeding Toileting (Grooming)
 Dressing Bladder function
 Bathing Bowel function
 Walking Wheeling
 Stair climbing Transferring
 Bed mobility Mobility level

Instrumental Activities of Daily Living:

- Shopping Cooking meals
 Handling finances Reheating meals
 Heavy cleaning Taking medication
 Light cleaning Using phone
 Using public transportation Doing laundry
 Using private transportation Keeping appointments
 Heating home

Have you, in the past 6 months, used any of the following?

- Wheelchair Walker
 Cane Scooter

Do you have any of the following conditions?

- Cerebral palsy
 Alzheimer's disease
 Dementia

Emergency Contact Information

Emergency Contact Name: _____

Address _____

Phone (Home): _____ Phone (Work) _____

Hospital of Choice: _____ Phone number _____

I certify that the statements and information contained in this document are true, accurate and complete.

Participant's Name: _____

Participant's Signature: _____ Date: _____