Family Service of Rochester, Inc.
4560 Nine Mile Point Road
Fairport, New York 14450
(585) 377-1810

Enriched Housing Program Application

(Please fill out all four pages) **Site Preference: _____**

Demographics:

1. Applicant'
   Name:_____
   (First) Mi (last)

2. Address: _____

3. Telephone: _____4. Social Security #: _____

5. Date of Birth: _____6.Age: _____ 7. Sex: ___Male___Female

8. Race: _Asian___Black/African American__Hispanic/Latino__White__MultiRacial

9.Marital Status_Single___Married___Never Married___Divorce/Separated__Widow (er)

10. Veteran Status: Is a Veteran? __Yes__No ___Not Applicable, no spouse

11. Contact Person: _____
    (Name) (Relationship) Home Phone Work Phone

Current Living Arrangements:

12. Applicant lives: __Alone___Spouse____family member (specify)___Friend

13. Current Residence: ___Adult Home___Private Home___Nursing Home___
    Hospital___Apartment Building___Apartment in House
    ____Other (specify)_____
14. Number of Years in Current Residence: _____
15. Ownership: ___Owns____Rents___Contributes___No Obligations
    ____Other (specify)

Financial:

16: Applicant's Source of Income: Social Security $_____/month
SSI (Gold Check)$_____/month
Pension: $_____/month
Veteran's Benefit $_____/month
Other $_____/month

17: Are you currently enrolled in Medicare Part A? yes___no___
Medicare Claim Number:_____
Date enrolled (from Medicare Card)_____

Are you presently enrolled in Medicare Part B? yes___no__
Date enrolled (from Medicare Card)_____

Premiums: Deducted from your Social Security Check yes___no__
Paid by you: yes___no__
Date and amount of last payment:_____ ____
Amount Date
Are you currently receiving Medicaid benefits? Yes___no___
Medicaid Identification Number:_____

Do you presently have any other type of health insurance? Yes___no__
Name of Insurance Company:_____Policy Number_____
Premiums: Deducted from Pension Benefits: yes___no___
Paid by you: yes___no___
Date and amount of last payment_____ _____
Amount Date

Medical:

18. Physician or Provider (Clinic):

Name Address Phone Number

Other Physicians or Providers:

Name Address Phone

Name Address Phone

19. How does applicant get to the doctor? _____

20. How does applicant get obtain medication? __self___pharmacy delivery_family

21. Does a nurse or aide assist applicant with medications? __yes___no

22. Is the applicant receiving any services? (Meals on Wheels, Aide Services, etc.)? ___yes___no (if yes, please specify)_____

23. Has applicant been hospitalized in the past two (2) years? ___yes___no
If yes, please list:

Where	When	Why

General Information:

24. Who does the applicant's shopping? _____
25. Who does the applicant's housekeeping? _____
26. Who does the applicant's laundry? _____
27. Who does the applicant's banking? _____
28. Does applicant have a Power of Attorney? ___yes_____no. If so, who?

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29. Does applicant need assistance with
Showering? ___yes ____no
Bathing? ___yes_____no
Can applicant get in/out of bathtub without assistance? ___yes___no

30. Does applicant use?
Cane? ____yes____no
Walker? ____yes____no
Wheelchair? ___yes___no
Motorized Wheelchair? ____yes___no

31. Does applicant?
Cook? ____yes____no
Prepare Meals? ___yes___no
Types of Meals? (Frozen, etc.)_____

32. Does applicant use the telephone? ___yes___no

33. Does the applicant own a car? ___yes___no

34. Do building noises bother applicant? (neighbor's walking around overhead, doors slamming, buses coming and going) ____yes___no

35. Does applicant have trouble sleeping? ____yes___no

36. Does using an elevator bother applicant? ___yes___no

37. Does applicant object to living in a high-rise apartment building? ___yes___no

38. Why does the applicant want to move? _____

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39. Have you ever been evicted from your housing (past, current)? Yes__No___
    If yes, please explain._____
    _____

40. Who has completed this application?_____Applicant
    _____ Other (Please give name and relationship):_____

41. Applicant referred by:_____
    Relationship to applicant:_____

Applicant Signature: _____

Date: _____

Family Service of Rochester, Inc. does not discriminate on the basis of gender, race, religion, marital status, age or source of payment.