

New Client Application

Date: _____ Completed By: _____ Phone: () _____

Client #1:

Last: _____ First: _____

Are You A Veteran Or Widow Of A Veteran? Yes No

Sex: M F Ethnicity: _____ Date of Birth: _____

Are You a Person With a Disability? Yes No

Client #2:

Last: _____ First: _____

Are You A Veteran Or Widow Of A Veteran? Yes No

Sex: M F Ethnicity: _____ Date of Birth: _____

Are You a Person With a Disability? Yes No

Do you rent or own where you reside? Rent Own

Household Information:

Address: _____ Apt.#: _____

City: _____ Zip Code: _____

Phone: () _____ Email Address: _____

Married Widowed Divorced Single

Does Anyone Under The Age Of 60 Live With You? Yes No

If Yes, Do They Receive Social Security (SSI or SSD)? Yes No



Requested Services:

- Home Health Care (Bathing & Personal Care, Vital Checks)
- Caregiver Relief (Respite)
- House Cleaning
 - Check here if you need laundry done
- Lawn Mowing & Leaf Removal
- Snow Removal
- Outside Window Washing
- In-Home Foot Care (Homebound Clients **Only**)
- Personal Emergency Response Unit
- Med Minder
- Transportation Vouchers
- BATA Pass
- COAST Bus

Approximate **monthly** income for household \$ _____

Please list an emergency contact below:

Name: _____
Relationship: _____
Phone Number: () _____

Do you wish to have this person at the Initial Assessment in your home? Y N

To qualify for services, a person must be 60 years of age and a resident of Grand Traverse County. There are fees for all Commission on Aging services, which are based on the client's household income.

After receipt of your application, a Commission on Aging employee will contact you regarding the programs you have selected. At that time, we will discuss with you the approximate fees charged for that program.

Return application to:
Grand Traverse County
Commission on Aging
520 West Front Street, Suite B
Traverse City, MI 49684

WEBSITE