



# CLIENT APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc Sec No (last 4 digits): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Services are for adults 60 years of age or older. You may qualify for counseling and respite services if you are caring for someone 60 years+. If you are under 60 and permanently disabled, you may qualify for transportation services if you meet low income guidelines and present proof of permanent disability.

Please indicate the services requested:

- Counseling (name of caregiver if you are 60+, name of care recipient if you are under 60: \_\_\_\_\_)
- Respite (complete ADLs and IADLs on Consumer Assessment; name of caregiver if you are 60+, Name of care recipient if you are under 60: \_\_\_\_\_)
- Rural Area Meal Program (RAMP) (complete Nutritional Check List on Consumer Assessment)
- Ensure/Glucerna (flavor preferences: \_\_\_\_\_)
- Durable Medical Equipment (please complete inventory book sheet)
- Handyman (repair needs: \_\_\_\_\_)
- Transportation/Assisted Transportation
  - Are you under 60 years of age? \_\_\_\_\_ If so, please provide proof of disability.
  - Do you require assistance getting in and out of vehicles? \_\_\_\_\_
  - Are you wheelchair bound? \_\_\_\_\_
  - Do you need an escort or your caregiver to accompany you? \_\_\_\_\_
  - Please check your transportation needs:
    - \_\_\_\_\_ Local doctor    \_\_\_\_\_ Colorado Springs doctors    \_\_\_\_\_ Grocery    \_\_\_\_\_ Wal-Mart
    - \_\_\_\_\_ Bank    \_\_\_\_\_ Post Office    \_\_\_\_\_ Senior Center lunch    \_\_\_\_\_ Pharmacy
    - \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Please indicate your education level:

- 0 – 8
- 9 – 12 (non grad)
- High school grad
- 12+ some college
- College grad
- Advanced degree

Please indicate your source(s) of income:

- \_\_\_\_\_ Social Security
- \_\_\_\_\_ SSI
- \_\_\_\_\_ Pension
- \_\_\_\_\_ TANF
- \_\_\_\_\_ General Assistance
- \_\_\_\_\_ Employment
- \_\_\_\_\_ None

FOR OFFICE USE ONLY		
	I	F
F		
M		
T		
N		
S		
FS		
SCORE:		

Do you have health insurance? \_\_\_\_\_yes \_\_\_\_\_no    \_\_\_\_\_Other

**No one will be denied services for inability to contribute!** Your contributions allow us to stretch our dollars to serve more of your fellow Teller County Senior Citizens. Here are some suggested donations:

- Counseling: \$10/hour
- Handyman repairs: cost of materials, if possible
- RAMP meals: \$14/box of 7 (frozen meals, shelf stable meals, or frozen sandwiches)
- Transportation: \$30/month for frequent riders (at least once a week)
- Ensure: \$25/case of 24
- Glucerna: \$35/case of 24
- Durable Medical Equipment: \$20 for a long-term loan

**INITIAL EACH SECTION AND SIGN AT THE BOTTOM.**

***FAILURE TO COMPLETE ALL SECTIONS MAY RESULT IN DELAY OF SERVICES.***



**Consent to Release Confidential Information:** Teller Senior Coalition (TSC) will keep my **personal identity information confidential**. I voluntarily give my consent to TSC to release information on this application to Pikes Peak Area Agency on Aging and the Colorado Department of Local Affairs for statistical purposes, to ensure proper fiscal accountability for the services funded by these agencies, and to maintain and/or improve the quality of services for older adults. I may revoke my consent in writing at any time except to the extent that action has already been taken. I understand that I cannot revoke this consent to release information if my participation in this agency is a formal order by a court of law. I understand that this agency has the legal obligation and responsibility to release information in order to protect myself and/or others, and I also agree to release of information for this purpose.

**Release of Liability:** TSC performs background checks on employees and volunteers who provide services to clients. For and in consideration of being allowed to voluntarily participate in programs/services/activities provided by TSC, and by signing this document, I fully recognize that if anyone is hurt or property is damaged in the course of my voluntary participation in TSC's programs, that I will have no right to make any claim whatsoever, or file any lawsuit against TSC, their agents, employees, or volunteers who provide the services, even if they negligently cause bodily injury or property damage. I further agree that I will indemnify, save, and hold harmless TSC for any expenses, costs, claims or other liability arising from any improper or negligent participation, on my part, in said program/service/activity.

**Grievance Procedure:** TSC has the right to refuse service. If I am denied service or am dissatisfied with the services provided by TSC, I have the right to file a grievance in accordance with TSC grievance procedures. TSC will furnish me a copy of the TSC Grievance Policy and Procedures at my request. If a grievance process is initiated and I am dissatisfied with the outcome, I can appeal the outcome to the Director of the Pikes Peak Area Agency on Aging at (719)471-7080 or the Colorado Department of Local Affairs at (303)866-3128, depending on the source of the funding for the service.

**Respite Program Release:** If I participate in the TSC Respite Program, I agree to use the stipend funds solely for the purpose of providing respite care in the following ways: in-home services, adult day care, and institutional respite. I understand that TSC, its agents, employees, and officers are not insurers or guarantors of the work or services performed, paid for pursuant to the Caregiver Respite Program, nor responsible for the personal safety of any person and/or property affected by the stipend. I further understand that I assume sole responsibility for incurring and paying all charges and for any and all damages of any kind to persons and/or property, which may arise as the result of the performance of the specified work herein. I release the Teller Senior Coalition, its agents, employees, and officers from any and all liability that may arise as a result of the respite work performed and the funds issued pursuant to the stipend.

**Affidavit of Legal Residency:** I swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):  
 I am a United States citizen, or  
 I am a Permanent Resident of the United States, or  
 I am lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

---

Signature

Print Name

Date

312 N. Center St. ☞ P.O. Box 6956 ☞ Woodland Park, CO 80866

Phone: (719) 687-3330 ☞ FAX: (719) 687-6155

[www.tellerseniorcoalition.org](http://www.tellerseniorcoalition.org)