

Hats of Wisdom Caring Hearts Client Application

Please complete this form (at least) annually for Registered Services under the Older Americans Act.
Data is critical for Federal Title III and State Funds. Unauthorized use is strictly prohibited.
Information is protected by Privacy and Security Agreements. Names and identifiers are not shared.
Complete information is important for service eligibility. *Thanks for complete information!*

Name: First _____ Initial _____ Last _____
 Birth Date _____ Date this form completed _____
Month Day Year Month Day Year

Address: _____ No change-check here
Physical _____
Mailing (if different than physical address) _____

Community _____
 State **Alaska** _____ Zip _____
 Other _____
 Phone _____
 Email _____
 Please check **Do you live alone?** Yes No
Gender Female Male

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check the box.

Activities of Daily Living (ADLs)

Eating Bathing
 Dressing Toileting
 Walking
 Transferring in/out of bed/chair

Instrumental Activities of Daily Living (IADLs)

Preparing meals
 Shopping for personal items
 Medication management
 Managing money
 Using telephone
 Doing heavy housework
 Doing light housework
 Using available transportation

Number in Home	Federal Income Guideline Year	Federal Income Guideline Month	
1	\$16,990	\$1,416	For each additional person with income, add \$ 5,530 / year
2	\$22,890	\$1,908	
3	\$28,790	\$2,399	
4	\$34,690	\$2,891	
5	\$40,490	\$3,383	

12.14.19

Is household income above _____ **or below** _____ **the Income Guidelines for Alaska?**

Ethnic Race

Alaskan Native/American Indian
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

Optional:
 Are you a Veteran? Yes No
Emergency
 Contact _____
 Phone: _____

Ethnicity

Hispanic or Latino
 Not Hispanic or Latino
 N/A

Total Score from Determine _____
Your Nutritional Health (required for meals)

For office use: Initials _____
 Site _____ Referrals _____
 Date _____ Follow up _____
 Follow up date _____