



LAQILH HALUNI' PARTICIPANT APPLICATION

TODAY'S DATE: _____

How did you hear about the Program? _____

Citizen of which Federally recognized Tribe? _____



CONTACT INFORMATION

LAST NAME: _____

FIRST NAME: _____ MI: _____

DATE OF BIRTH: _____ MALE FEMALE
Age 55+? YES NO VETERAN – YES NO

STREET ADDRESS: _____

This is a new address, please update my enrollment record.

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER 1: _____ (HOME / CELL)

PHONE NUMBER 2: _____ (HOME / CELL)

EMAIL ADDRESS: _____



SPOUSE & EMERGENCY CONTACT INFORMATION

SINGLE MARRIED DIVORCED/SEPARATED WIDOWED/WIDOWER

SPOUSE'S NAME: _____

SPOUSE'S DATE OF BIRTH: _____

NAME OF EMERGENCY CONTACT (1): _____

PHONE: _____ (HOME / CELL)

NAME OF EMERGENCY CONTACT (2): _____

PHONE: _____ (HOME / CELL)



COMMUNICATION

PRIMARY LANGUAGE: WIYOT ENGLISH OTHER: _____

Does the Elder have basic literacy skills? YES NO



HOUSING INFORMATION

HOUSING: HOUSE APARTMENT COMMUNITY HOUSING

OTHER, EXPLAIN: _____

COMPOSITION: LIVES ALONE LIVES WITH SPOUSE

LIVES WITH FAMILY/FRIENDS

OTHER, EXPLAIN: _____

NUMBER IN HOUSEHOLD: _____

Grandchildren in the household? YES, How many? ____ NO



DIETARY INFORMATION

In need of home-delivered meals: YES (COMPLETE ATTACHED FORM)
(frail or home-bound) NO

Food allergies / Preferences: _____



HEALTH HISTORY

ASTHMA ALZHEIMER'S ARTHRITIS CANCER
 DEMENTIA DIABETES CHRONIC PAIN HEARING LOSS
 CHOLESTEROL BLOOD PRESSURE PARTIAL OR COMPLETE BLINDNESS
 OTHER: _____

PROSTHETIC DEVICES: Walker/Cane Wheelchair Hearing Aid
 Glasses Dentures None

Elder takes the following medications and at what frequency: _____



MISCELLANEOUS

Income (voluntary, not required): _____

PRIMARY TRANSPORTATION: Own Car Family Friend

Tribal Transportation Senior Transportation

ARE YOU ENROLLED WITH A DIFFERENT TITLE-VI PROGRAM? ____ YES ____ NO

IF YES, NAME OF PROGRAM & WHERE LOCATED: _____

Services the Elder needs or is interested in: _____
