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| **SOUTHWESTERN INDIANA REGIONAL COUNCIL ON AGING** |
| 16 WEST VIRGINIA STREET |
|  |
| EVANSVILLE, IN 47710 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **T.R.I.P APPLICATION** |
|  |  |  |  |  |  |  |  |  |  |
| **NAME** | **SEX** | **MARRITAL STATUS (CHECK ONE)** |
| **FIRST MID. INIT LAST** | **MALE** | **FEMALE** | **SINGLE** | **MARRIED** | **WIDOWED** | **DIVORCED** |
|  |  |  |  |  |  |  |
| **ADDRESS** |
| **STREET CITY STATE ZIP CODE** |
|  |
| **COUNTY OF RESIDENCE** | **FOR HOW LONG?** | **U.S. CITIZEN?** |
|  |  | **YES** | **NO** | **BY BIRTH** | **NATURALIZED** |
|  |  |  |  |
| **DATE OF BIRTH** | **AGE** | **EMPLOYED? IF YES, WHERE?** |
|  |  |  |
| **SOCIAL SECURITY NUMBER** | **ETHNIC GROUP: (CHECK ONE)** | **BLACK** | **WHITE** | **AM. INDIAN** | **ASIAN** | **HISPANIC** | **OTHER** |
|  |  |  |  |  |  |  |
| **PHONE NUMBER (YOURS)** | **OTHER (THROUGH WHOM YOU CAN BE REACHED)** |
|  |  |
| **NUMBER OF PERSONS IN FAMILY** | **SPOUSES NAME** | **SPOUSE'S AGE** |
|  |  |
|  |
| **TOTAL MONTHLY INCOME** | **AGE OF OTHER IN FAMILY** |
| **YOURS** | **SPOUSE** | **OTHER HOUSEHOLD MEMBERS** | **1** | **2** | **3** | **4** |
|  |  |  |  |  |  |  |
|  | **TOTAL HOUSEHOLD MONTHLY INCOME** |  |
|  |
|  |  |  |  |  |  |  |  |  |  |
| **DISABILITY/HANDICAP** |
| **WHICH OF THE FOLLOWING BEST DECRIBES YOUR LEVEL OF DISABILITY OR HANDICAP?** | **CIRCLE ONE** |
| **1)** | **I AM IN A WHEELCHAIR.** | **YES** | **NO** |
| **2)** | **I USUALLY NEED SOMEONE TO ASSIST ME WITH BATHING, DRESSING, AND PREPARING MY MEALS.** | **YES** | **NO** |
| **3)** | **I ALWAYS REQUIRE A CANE OR WALKER** | **YES** | **NO** |
| **4)** | **I SOMETIMES USE A CANE OR WALKER** | **YES** | **NO** |
| **5)** | **I OCCASIONALLY NEED ASSISTANCE WITH HEAVY CHORIES (RUNNING THE VACCUM** **OR CHANING BED LINENS) BUT CAN MANAGE DAY TO DAY HOUSEHOLD TASKS.** | **YES** | **NO** |
| **SWIRCA 01/13** | **CONTINUE ON REVERSE SIDE OF FORM** |
|  |  |  |  |  |  |  |  |  |  |
| **TRANSPORTATION** |
| **ANSWER EACH OF THE FOLLOWING STATEMENTS WITH "YES" OR "NO":** | **CIRCLE ONE** |
| **1)** | **DRIVE MY OWN CAR.** | **YES** | **NO** |
| **2)** | **A HOUSEHOLD MEMBER USUALLY PROVIDES MY TRANSPORTATION.** | **YES** | **NO** |
| **3)** | **FRIENDS/RELATIVES USUALLY PROVIDE MY TRANSPORTATION.** | **YES** | **NO** |
| **4)** | **I RIDE THE METS BUS ONLY.** | **YES** | **NO** |
| **5)** | **I RIDE BOTH THE METS BUS AND VAN REGULARLY OR I TAKE A TAXI USUALLY.** | **YES** | **NO** |
| **6)** | **I ONLY USE THE METS VAN FOR MY TRANSPORTATION.** | **YES** | **NO** |
| **7)** | **METS IS NOT AVAILABLE TO ME.** | **YES** | **NO** |
| **8)** | **I DO NOT HAVE ANY MEANS OF TRANSPORTATION.** | **YES** | **NO** |
|  |  |  |  |  |  |  |  |  |  |
| **COMMENTS** |
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| **BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION FURNISHED ABOVE (FRONT AND BACK) IS TRUE AND CORRECT.** |
| **DATE** | **SIGNATURE** |
|   |   |
|   |
| **PREPARED BY (IF OTHER THAN CLIENT)** | **PREPARER'S PHONE NUMBER** |
|   |   |
|   |
|  |  |  |  |  |  |  |  |  |  |
| **FOR SWIRCA USE ONLY** |
|   |
|   |