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| **SOUTHWESTERN INDIANA REGIONAL COUNCIL ON AGING** | | | | | | | | | | | |
| 16 WEST VIRGINIA STREET | | | | | | | | | | | |
|  | | | | | | | | | | | |
| EVANSVILLE, IN 47710 | | | | | | | | | | | |
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| **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** | | | | | | | | | | | |
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