The Klamath Tribes
Community Services Department
Elder Programs Application

Today's Date_____ ***Director Approval/Date_____**

Name_____
Last ***First & nickname*** ***Middle Initial***

Physical Address_____

Mailing Address_____

Date of Birth_____/_____/_____ Phone #_____ Cell #_____

Tribal Affiliation_____ Roll Number_____
Single ◯ Married ◯ Widowed ◯ Separated ◯

Are you disabled? . . . . . ◯ YES ◯ NO
Do you have a Chronic Illness? . . . . ◯ YES ◯ NO
If yes, what is it? _____
Do you have a Caregiver? . . . . . ◯ YES ◯ NO
If yes, who is your Primary Caregiver? _____
Do you need a Caregiver? . . . . . ◯ YES ◯ NO
If yes, what kind of caregiver needs is required? _____
_____
Are you a Caregiver? . . . . . ◯ YES ◯ NO
Do you need any information about the Elders Programs? . . ◯ YES ◯ NO
What kind of information do you need? _____
Are you interested in being a Volunteer? . . ◯ YES ◯ NO
Would you like to be on the Elders Committee? ◯ YES ◯ NO
Are you currently receiving Commodities? ◯ YES ◯ NO

Emergency Contact Person/Relationship_____

Address_____ Phone_____

_____
Signature of applicant or Guardian

"This information is intended only for the use of the person or office to which it is addressed, and contains privileged or confidential information protected by law. Unauthorized re-disclosure, distribution, or copying of this communicating is prohibited from disclosing the information to any other party unless required by law."

Any questions about the Elders Programs please call Michelle Carson at 783-2219 Ext. 122

Case Manger Use Only

Date of Assessment	/ /	◯ Home ◯ Telephone ◯ Office ◯ Mail
Approved Services	◯ Title VI ◯ Title VI-C ◯ Title III	
Income Meets Poverty Guidelines		
Referrals_____		
NOTES:		