



A Division of Senior Services
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 Director
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2024 APPLICATION FORM

Name _____ Date: _____
 Address _____
 Phone: _____ Email: _____
 Date of Birth (mo/day/yr) _____ Age: _____

EMERGENCY NUMBERS: WE MUST HAVE A MINIMUM OF 2 EMERGENCY CONTACTS

List names and relationship to you:	Work, Home and Cell Numbers:
1. _____	_____
2. _____	_____
3. _____	_____

Answering the below questions is purely voluntary. Your privacy and confidentiality will be protected and services are not denied or affected in any way if you choose not answer.

Gender: Male Female **Marital Status:** Married Widowed Single Separated Divorced
Do you live alone? Yes No, I live with my Spouse Child(ren) Relative/Friend Shared Housing/Other
In Poverty? Yes No **Ethnicity:** Not Hispanic or Latino Hispanic or Latino
Race : (IF MULTIPLE RACES, PLEASE SELECT APPROPRIATE BOXES)
 White Hispanic American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Other _____

Other Information: Veteran Spouse of Veteran
 Frail Disabled (A person aged 60+ having a physical or mental disability, including having Alzheimer's disease or neurological or organic brain disorder of the Alzheimer's type that restricts their ability to perform normal daily tasks or which threatens their capacity to live independently)
 Vulnerable (A person aged 60+ exposed to unfavorable environmental conditions and/or lack of social resources which may include income levels between 100-200 percent of the poverty level, Language barriers, isolation, no 'informal support system')

Do you require transportation services? Yes No Do you have a Wheelchair Cane Other
 Please note if transportation is requested, a copy of this form will be shared with the transportation provider.
 Do you require English translation services? Yes No If yes, what is your primary language? _____

Nutritional Questions:

- Do you eat fewer than 2 meals per day? No Yes
- Without wanting to, have you lost or gained 10 pounds in the last 6 months? No Yes gained lost
- Do you sometimes run out of money to buy the food that you need? No Yes
- Are you able to shop and cook and/or feed yourself? No Yes

I hereby authorize the release of this information to the Passaic County Department of Senior Services and the transportation provider where appropriate.

 Signature of Consumer Date

 Signature of Interviewer/Agency Representative Date