
To qualify for services, a person must be 60 years of age and a resident of Grand Traverse County. There are fees for all Commission on Aging services, which are based on the client's household income.

Client #1

Last _____ First _____
Gender M F Non-Binary _____ Ethnicity _____
Date of Birth _____ Are you a Person with a Disability? Y N

Client #2

Last _____ First _____
Gender M F Non-Binary _____ Ethnicity _____
Date of Birth _____ Are you a Person with a Disability? Y N

Household Information

Address _____ Apt.# _____
City _____ Zip Code _____
Phone () _____ Email Address _____

Married Widowed Divorced Single
My home is a House Apartment Condo Assisted Living Facility

Where is this house, apartment building, condo or assisted living facility located
 City Township Village Of: _____

Does Anyone Under The Age Of 60 Live With You? Yes No
If Yes, Do They Receive Social Security (SSI or SSD)? Yes No

Please Note: When persons under the age of 60 are living with clients, we are unable to provide services that benefit the entire household, unless that person is disabled. The disabled person's income must also be included as household income. House Cleaning and all Outdoor Services would be considered services that benefit the entire household and are subject to this clause.

Requested Services

- Home Health Care (Bathing & Personal Care, Vital Checks)
- Caregiver Relief (Respite) To receive Respite, clients must have a caregiver.
Please provide the name of your caregiver _____
- House Cleaning (Check below for Laundry and Grocery shopping - ONLY available to House Cleaning clients)
- Check here if you also need laundry done by a COA worker
- Check here if you also need grocery shopping done by a COA worker (Homebound only)
- Lawn Mowing & Leaf Removal
- Snow Removal
- Outside Window Washing
- In-Home Foot Care (Homebound only)
- Personal Emergency Response Unit (Please check one below if you know the type of unit)
- Landline Unit GSM Unit (Cellular Phone Households) GPS Unit (GPS Tracking & Fall Detection)
- Who is the unit for:** Client 1 Client 2 Both
- For multi-client households - There is no extra charge to provide each client in the household with a button for the Landline and Cellular Phone units. Fall Detection Units have a charge for each individual unit, and will work out of your home.
- Medication Management (You may choose one or both below)
- Medication Dispenser Unit
- Nurse for Medication Setup
- Transportation Vouchers
- BATA Pass

Emergency Contacts

Name: _____

Relationship: _____

Phone Number: () _____

Do you wish to have this person at the Initial Assessment in your home? Yes No

Name: _____

Relationship: _____

Phone Number: _____

Do you wish to have this person at the Initial Assessment in your home? Yes No

Client Assessment

Please answer the following questions

1. Do you live alone?

2

CLIENT 1

CLIENT 2

YES NO

YES NO

2. Are you able to leave your home without the assistance of another person?

4

YES NO

YES NO

3. Have you fallen more than once in the last 6 months?

4

YES NO

YES NO

4. Have you recently experienced a significant life event such as a loss of a loved one or health issue?

4

YES NO

YES NO

5. Do you have family or friends living nearby that are in contact with you on a regular basis?

4

YES NO

YES NO

6. Do you experience any confusion or forgetfulness?

4

YES NO

YES NO

7. Have you been in the hospital, skilled nursing facility or other care facility in the past year?

4

YES NO

YES NO

8. Are you having difficulty affording heat, electricity, groceries, rent, or medical bills?

4

YES NO

YES NO

9. Do you have a medical or mental health condition that makes it difficult to perform daily tasks?

4

YES NO

YES NO

10. Do you take four or more medications?

2

YES

NO

YES

NO

Turn Page Over

Income Information

Approximate **monthly** household income \$ _____

Other Important Information

Please sign this application below, and return it along with proof of age, residency and income. We cannot accept applications without all of the required paperwork attached. Applications sent to us without the required attachments will be returned.

After receipt of your application/documentation, a Commission on Aging employee will contact you regarding the programs you have selected. At that time, we will discuss with you the approximate fees charged for that program, based on what you have provided us for proof of income.

About Wait Lists

Once we have received all your paperwork we will then place you on the wait list for the program(s) that you have indicated. Please note that some programs may have a long wait list while others may not. We will not be able to tell you how long it will take for your name to come off of a wait list. Wait Lists are maintained on a first come first serve basis and openings in the program by geographical area.

What we accept for proof of income:

Social Security statements and 30 day bank statements. If using a bank statement, please mark your direct deposit.

We do allow supplemental insurance costs to be deducted from income. This is broken down on your Social Security statement. If you have a pension or 401K (etc.) that does not include the cost of an additional supplemental insurance, please provide proof of that cost as well. VA benefits are not considered income for these purposes. *We do allow our clients to not disclose their income, however by doing so they pay the highest rate on the sliding fee scale for services. Before choosing this option, please ask what the fee would be at your income level.

Please check if client chooses not to disclose income*

What we accept as proof of residency (must have the correct address):

Driver's license, state issued ID, utility bill, homestead property tax credit, copy of rental agreement, letter from apartment manager where you are living.

Please sign below and return this Application, along with proof of age, residency and income to the following address:

Grand Traverse County
Commission on Aging
520 West Front Street, Suite B.
Traverse City, MI 49684

Questions? Call us at (231) 922-4688
Email us at gtcoa@gtcountymi.gov
Or contact us through our Website at gtcoa.org

Signature _____ Date: _____

Completed By _____ Phone: () _____

Please print
