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**To qualify for services, a person must be 60 years of age or older and a resident of Grand Traverse County.**

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**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

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**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

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**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.

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## 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.

Transportation Vouchers

BATA Pass

## Emergency Contacts

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Do you wish to have this person at the Initial Assessment in your home? (circle one) **Yes** **No**

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Do you wish to have this person at the Initial Assessment in your home? (circle one) **Yes** **No**

## Client Assessment

**Please answer the following questions**

**1. Do you live alone?**

	CLIENT 1	CLIENT 2
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2		

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**6. Do you experience any confusion or forgetfulness?**

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**10. Do you take four or more medications?**

2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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## **Other Important Information**

**We cannot accept applications without all of the required paperwork attached.**

**Applications sent to us without the required attachments will be returned.**

**Please return this application along with:**

- 1) Proof of age**
- 2) Proof of residency**
- 3) Proof of income**

After receipt of your application and documentation, the Commission on Aging will contact you to discuss the approximate fees you will be charged for the services you have requested. *Please note that Commission on Aging services may have a wait list.*

**1) Acceptable proof of age:**

- Driver's license
- State issued ID
- Birth Certificate

**2) Acceptable proof of residency (must have the correct address):**

- Driver's license
- State issued ID
- Utility bill
- Homestead property tax statement
- Copy of rental agreement
- Letter from apartment manager where you live

**3) Acceptable proof of income:**

- Current 30 day bank statement showing direct deposit(s)

*Veteran's benefits are not considered income*

\*We do allow clients to *not* disclose income. However, clients who choose not to disclose will pay the highest rate on the sliding fee scale for services. Before choosing this option, please ask the Commission on Aging what the fee would be at your income level.

\*Please check if client chooses not to disclose income

**Please sign below and return this Application, along with proof of age, residency & income to:**

Grand Traverse County  
Commission on Aging  
1615 Park Drive  
Traverse City, MI 49686

Questions? Call us at (231) 922-4688  
Email us at [gtcoa@gtcountymi.gov](mailto:gtcoa@gtcountymi.gov)  
Or contact us through our Website at [gtcoa.org](http://gtcoa.org)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Completed By \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Please print