

NEW

**HARTFORD DIAL-A-RIDE PROGRAM
CLIENT INFORMATION FORM**

LAST NAME

FIRST NAME

MIDDLE INITIAL

HOME ADDRESS

APARTMENT NUMBER

ZIP CODE

SOCIAL SECURITY NO: _____ / _____ / _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

PHONE # _____ SEX: MALE FEMALE

Impairment(s): blind hearing speech language

Disability (please note any medical or physical disability): _____

Mobility Device: wheelchair cane crutches walker amigo

Do you require the use of an escort? Yes no

EMERGENCY CONTACT: NAME & PHONE NUMBER: _____

THE FOLLOWING IS OPTIONAL AND FOR CLIENT IDENTIFICATION AND DATA COLLECTION PURPOSES ONLY

Household size, including yourself: _____

Ethnicity: 1 caucasian 2 black 3 amer. indian 4 hispanic 5 Asian

Marital status: 1 never married 2 married 3 widowed 4 separated 5 divorced

Household composition (place check (✓) by appropriate response):

1 lives alone 2 lives with spouse only 3 lives with spouse and children
 4 lives with children 5 lives with relatives 6 lives with non-relative

Do you need help with any of these activities? Check any that apply.

Eating Shopping
 Dressing Managing Money
 Bathing and washing Using the telephone
 Using the toilet Heavy housework
 Getting out of bed or chair Light housework
 Walking Taking medicine
 Planning and preparing meals Using transportation

**PLEASE COMPLETE OTHER SIDE
YEARLY RENEWAL-----RENUOVO ANNUAL**

NEW

Income (Answer only the question which pertains to your situation)

I am married and our monthly income is about:

- 1 under \$864 2 \$864 to \$1,078 3 \$1,079 to \$1,294
4 \$1,295 to \$1,510 5 \$1,511 to \$1,726 6 \$1,727 or over

I am not married and my monthly income is about:

- 1 under \$646 2 \$646 to \$805 3 \$806 to \$857
4 \$968 to \$1,128 5 \$1,129 to \$1,289 6 \$1,290 or over

Referral Source

- 1 self 5 clergy/religious 9 hospital 13 brochure
 2 relative/friend 6 senior center 10 radio 14 other _____
 3 infoline 7 community agency 11 saw vehicle
 4 social worker 8 sr housing/nursing home 12 newspaper

Housing

- 1 home owner 4 congregate housing 7 institution
 2 private apt 5 public housing 8 furnished room
 3 senior housing 6 boarding home 9 other _____

Please contact the customer service representative at 722-8473 if you have any questions.
Please return form to:

**CITY OF HARTFORD
DEPARTMENT OF HEALTH&HUMAN SERVICES
2 HOLCOMB STREET
HARTFORD, CT 06112
ATTENTION: DESIREE MAY, SENIOR ACCOUNTANT**

SE REQUIERE FORMULARIO Y IDENTIFICACION ANNUAL

NEW

HARTFORD DIAL-A-RIDE PROGRAM
INFORMACION DEL CLIENTE

APELLIDO

NOMBRE

INITIAL

DIRECCION

APARTAMENTO

CODIGO DE AREA

_____/_____/_____

MES DIA ANO
FECHA DE NACIMIENTO

NUMERO DE SUGURO SOCIAL

TELEFONO

SEXO: { } HOMBRE { } MUJER

IMPEDIMENTO (S): [] SEGUERA [] SORDO(A) [] HABLA [] LANGUAGE

DISABILIDAD (ESCRIBA SU CONDICION MEDICA O PHYSICA):_____.

MECANISCO: [] SILLA DE RUEDAS [] BASTON [] MULETA [] ANDADOR

[] MOBIL/CARRO ELECTRICO [] OTRO TRANSPORTE

REQUIRE USO DE ESCORTA O COMPANIA? [] SI [] NO

CONTACTO DE EMERGENCIA: NOMBRE Y TELEFONO:_____.

LO SIGUENTE ES OPCIONAL PARA IDENTIFICAR AL CLIENTE Y RECOPIAR INFORMACION SOLAMENTE.

CUANTAS PERSONAS INCLUYENDO USTED VIVEN EN EL HOGAR:_____.

ETHICA: [RAZA] [] BLANCO [] NEGRO [] INDIO AMERICANO [] HISPANO [] ASIATICO

ESTADO MARITAL: [] SORTERO/A [] CASADO/A [] VIUDO/A [] SEPARADO/A

[] IVORCIADO(A)

COMPOSICION DEL HOGAR (MARQUE EL ENCASILLADO CORRECTO):

[] VIVE SOLO(A) [] VIVE CON NINOS [] CONVIVE MARIDO/ESPOSA
[] MARIDO Y HIJOS [] CON FAMILIARES [] NO RELACION FAMILIAR

NECESITA AYUDA CON ALGUNA DE ESTAS ACTIVIDADES? MARQUE LA QUE LE APPLICA.

[] COMER [] VESTIRSE [] LAVADO O BANO [] CAMINAR

[] PREPARAR COMIDAS [] LIMPIEZA DE CASA [] MANEJAR SU DINERO

COMPRAR ALIMENTOS USAR EL TELEFONO PARARSE DE LA SILLA O CAMA

COMPLETE EL OTRO LADO
RENUEVO ANNUAL

NEW

ENTRADA MONETARIA (CONTESTE LAS SIGUIENTES PREGUNTAS QUE REFLEJAN SU SITUACION)

CASADO/A INGRESO MENSUAL:

- MENOS \$864.00 \$864.00 A \$1,078.00 \$ 1,079.00 A \$1,294.00
 \$1,295. A \$1,510.00 \$1,511.00 A \$1,726.00 \$ 1,727.00 O MAS

SOLTERO/A INGRESO MENSUAL ES:

- MENOS \$646.00 \$646.00 A \$805.00 \$806.00 A \$857.00
 968.00 A \$1,128.00 1,129.00 A \$1,289.00 \$1,290.00 O MAS

REFERENCIA DE INFORMACION

- USTED MINISTRO/IGLESIA HOSPITAL PANFLETO
 RADIO FAMILIAR/AMIGO CENTRO ENVEJECIENTES
 ANUNCIO/BUS AGENCIA COMMUNITARIA LINEA INFORMATIVA
 PERIODICO TRABAJADORA SOCIAL SEC-8/ HOGAR DE ANCIANOS
 OTRO _____.

VIVIENDA:

- APARTAMENTO PRIVADO DUENO DE CASA INSTITUCION
 CASA DE CONGREGACION VIVIENDA PUBLICA APARTMENTO FURNIDO
 VIVIENDA DE ANCIANOS CUARTOS DE RENTAR OTRO_____.

MARQUE EL 722-8473, SERVICIO AL CLIENTE PARA PREGUNTAS O INFORMACION.

**CITY OF HARTFORD
DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS
2 HOLCOMB STREET
HARTFORD, CONN. 06112
ATTENCION: DESIREE MAY, CONTADORA SUPERIOR**

SE REQUIRE RENOVACION ANNUAL

A:SPANISH INTAKE

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