

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

- | | |
|---|--|
| <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Shopping |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Managing Money |
| <input type="checkbox"/> Bathing and washing | <input type="checkbox"/> Using the telephone |
| <input type="checkbox"/> Using the toilet | <input type="checkbox"/> Heavy housework |
| <input type="checkbox"/> Getting out of bed or chair | <input type="checkbox"/> Light housework |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Taking medicine |
| <input type="checkbox"/> Planning and preparing meals | <input checked="" type="checkbox"/> Using transportation |

PLEASE COMPLETE OTHER SIDE

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RENEW

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 \$1,1285 [] \$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
131 COVENTRY STREET
HARTFORD, CT 06112**

ATTENTION: FINANCE DEPT.

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