



Serving Our Seniors

3401 Booth Calloway Road
Richland Hills, TX 76118
servingourseniorstexas.org

(817) 282-0531
(817) 282-7980 fax
admin@sostx.org

CLIENT APPLICATION

PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment #

City State Zip Code

Apartment Complex / Mobile Home Park Name: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Veteran?** Yes No **On SSDI?** Yes No

Birth Date: _____ **Live With?** Alone Spouse Other: _____ **Property:** Own Rent

Gender: Female Male **Languages:** _____

Race/Ethnicity: African American Asian Hispanic Arabic White Other: _____

Annual Income (all): less than \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000+

HEALTH INFORMATION

Circle All That Apply

Client Uses: Wheelchair Walker Cane N/A **Pets:** Dog(s) Cat(s) N/A

General Health: Excellent Good Fair Poor **Can Get Into:** Van Truck Mid-Size SUV

Use Oxygen: Yes No **Difficulty with Hearing:** Yes No

Take Oxygen with You: Yes No **Difficulty with Sight:** Yes No

Other Information: _____

EMERGENCY OR TRUSTED CONTACT INFO

Must be Completed with 2 Contacts

1st Contact

Full Name: _____
Last First M.I. Relationship

Phone # Street Address City, State Zip Code

Email Address

2nd Contact

Full Name: _____
Last First M.I. Relationship

Phone # Street Address City, State Zip Code

Email Address

PLEASE FILL OUT THE BACK OF THIS FORM AND SIGN



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PROGRAMS AND SERVICES

Circle All That Apply

We DO NOT Transport Wheelchairs

TRANSPORTATION: Routine Medical Appointments Grocery Shopping Bank, Pharmacy, Post Office

HELPING HANDS: Minor Home Repairs: Carpentry Electrical Plumbing

Wheelchair Ramp Safety Grab Bars Hand Rails Annual Home Safety Checks

Seasonal Yard Clean-up Adopt-a-Lawn (Limited Availability)

Do You Own: Mower Trimmer Blower Edger

Describe Requested Work, give details: _____

SOCIAL OUTREACH: Phone Friends Visiting Friends Monthly Luncheons/Social Events

Christmas Food & Gift Basket Monthly Cards/Letters

OTHER INFORMATION

Religious Affiliation: _____ **Church Affiliation:** _____

Referred by: _____

Do you use Meals on Wheels? Yes No

Additional Comments: _____

CONSENT

This MUST Be Signed

Please be advised that a home visit may be part of the intake process.

I give my consent to Serving Our Seniors to enroll me as a client in their program. I further agree that Serving Our Seniors may share information with other agencies, services, or volunteers on an as-needed basis. I also consent to and authorize the use and reproduction by Serving Our Seniors of any and all photographs and any other audio/visual materials taken as well as any and all printed references of me, my name, and/or any positive comments or anecdotes related to clients for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program. All client information and related materials are considered confidential and will not be divulged to any unauthorized persons. Serving Our Seniors is not required to provide services to an applicant and can discontinue services at any time and for any reason.

Client Signature: _____ **Date:** _____

OFFICE USE ONLY

Database Updated on _____ Database Updated by: _____

Welcome Letter Sent on: _____ Welcome Letter Sent by: _____

Database Entry Reviewed by: _____ Client Called TR / HH / SO: _____



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RELEASE IN FULL

That for and in consideration of the promise of Serving Our Seniors to:

Client Name: _____

Property Owner Name: _____

of that certain property owned by the above named and located at:

do hereby release, discharge and forever forgive Serving Our Seniors and its volunteers from any and all claims of any kind or character, and from any cause of action, claims, demands, costs, and damages, attorney's fees, expenses, and/or compensation on account of, or in any way connected with the proposed services provided by Serving Our Seniors and its volunteers as described below.

- 1) Transportation Services including but not limited to any and all transportation to routine medical appointments, quality of life drives, and transportation to monthly luncheons/social events.
- 2) Helping Hands Services including but not limited to any and all home repairs, modifications and stability equipment installations, lawn care services, and any work performed by community groups on behalf of Serving Our Seniors. Note: Serving Our Seniors services are provided based on the availability of qualified volunteers. Serving Our Seniors is not responsible for the removal of stability equipment or anything else that may be installed by Serving Our Seniors and its volunteers, contractors, or any Serving our Seniors representatives.
- 3) Social Outreach Services including but not limited to any Serving Our Seniors staff member or volunteer in home visitations (Visiting Friends), Holiday Outreach basket delivery, and services and meals provided at monthly luncheons/social events.

I declare that in making this **RELEASE**, I understand and agree I will rely wholly upon my judgement, beliefs and knowledge, and this **RELEASE** is made without reliance on any statement or representations of Serving Our Seniors, or its representatives, or its volunteers, or by an attorney or other person by it employed, except for consideration stated above.

I FURTHER UNDERSTAND AND AGREE THAT THE AFORESIAD CONSIDERATION IS THE SOLE CONSIDERATION FOR THIS RELEASE AND I AGREE THAT I WILL NOT ASSERT OF PROSECUTE ANY CLAIMS OR LAWSUITS AGAINST SERVING OUR SENIORS OR ANYONE WHOMSOEVER, WHETHER OR NOT HERIN MENTIONED, ASSOCIATED WITH THE CONDUCT AND PERFORMANCE OF THE VOLUNTEER WORK PERFORMED AT MY REQUEST AT THE ADDRESS SET FORTH ABOVE.

Client Signature

Date

Client Printed Name

Property Owner Signature

Date

Property Owner Printed Name

SIGN AND RETURN WITH APPLICATION