



# 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\*\*\*

#### 1<sup>st</sup> Contact

**Full Name:** \_\_\_\_\_  
Last First M.I. Relationship

\_\_\_\_\_  
Phone # Street Address City, State Zip Code

\_\_\_\_\_  
Email Address

#### 2<sup>nd</sup> 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 (Limited Availability)   Adopt-a-Lawn (Wait List Only)

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 signing 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 AFOREMENTIONED CONSIDERATION IS THE SOLE CONSIDERATION FOR THIS RELEASE AND I AGREE THAT I WILL NOT ASSERT OR PROSECUTE ANY CLAIMS OR LAWSUITS AGAINST SERVING OUR SENIORS OR ANYONE WHOMSOEVER, WHETHER OR NOT HEREIN 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**