SNOWBIRD/CHEROKEE COUNTY SENIOR CITIZENS

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ give permission for the EBCI Senior Citizens Program to share and exchange information with other Tribal Programs for the purpose of providing assistance to me. This may include sharing information about a Disability, Physical Address and/or Telephone Number.

I understand that any information is confidential and, I understand that I can revoke this consent at any time.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

IF REVOKED

Name: _____ Date: _____

Staff Initials: _____

Received Date: _____
Received By: _____

SNOWBIRD/CHEROKEE COUNTY SENIOR CITIZENS

FUEL ASSISTANCE PROGRAM

The Purpose of this program is to provide assistance with "HEATING". Please mark your PRIMARY heating source. The residence MUST be your PRIMARY residence. It is the CLIENT'S RESPONSIBILITY TO PAY for any fuel/heating source that is OVER the budgeted amount of $1,000.00.

Enrollment Number: _____ **Date of Birth:** _____

Name: _____

Mailing Address: _____

911 Physical Address: _____ **Zip Code:** _____

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

Name of the Company that currently provides your Fuel: _____

Is your home on Tribal Trust Land? _____ **Yes** _____ **No**

Type of Fuel: _____ **GAS** _____ **FUEL OIL #2**

_____ **K-1** _____ **WOOD**

Do you own your gas tank? _____ **Yes** _____ **No**

If NO, what gas company owns the tank? _____

Complete the following ONLY if your primary heat is ELECTRIC.

Name of Power Company: _____

Power Bill Account Number: _____

Last Four (4) digits of SS Number: _____

Client Signature: _____ **Date:** _____

*** Please fill out this intake form completely and make sure all information is correct ***

Senior Citizens Participant Intake Form

Check the service(s) you are applying for:

Heating Assistance: ☐ Congregate Meals: ☐

Date: _____ **Social Security Number:** _____

DOB: _____ **Phone#:** _____

Client Name: _____

First MI Last Nickname Maiden

Mailing Address: _____

PO Box/Street City State ZIP

911 Address: _____

Street City State ZIP

What Community do you live in: _____

Please list two (2) Emergency Contacts: (preferably one being outside your household)

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Phone#: _____	Phone#: _____
Relationship: _____	Relationship: _____

Race:

American Indian _____ White_____ Black_____ Other (specify)_____

Sex:

Male: _____ Female: _____

Marital Status

Married_____ Single_____ Widow_____ Divorced_____

Transportation

How do you plan to get to the program?

Public Transportation (Transit): _____ Other: _____

Income

$3,000-$5,000_____

$6,000 -$8,000_____

$10,000 -$12,000_____

$13,000 - $15,000 _____

$15,000 – Up _____

Participation

How many days do you plan to attend lunch? _____

Disabilities or Medical Conditions: _____

Which of the following programs do you benefit directly?

Food Stamps _____ Medicaid_____ Other_____ V.A. Pension_____

Commodities _____ Public Assistance_____ Medicare Part A _____

Social Security_____

SSI_____

SNOWBIRD/CHEROKEE COUNTY SENIOR CITIZENS

Home Delivered Assessment

Date: _____ **Social Security #** _____

Date of Birth: _____ **Phone #:** _____

Client Name: _____

Mailing Address: _____ **City:** _____

911/Physical Address: _____**Zip Code:** _____

Emergency Contact: _____

Relationship: _____

Race: American Indian: _____ Caucasian: _____

African American: _____ Hispanic: _____

Other (Specify): _____

Sex: Male: _____ Female: _____

Marital Status: Married: _____ Single: _____Widow: _____ Divorced: _____

1. Is the client 59 ½ or older? _____Yes _____No
2. Is the client a spouse of a person 59 ½ or older? _____Yes _____No
3. Does the homebound person leave the home? (Except for medical reasons)

   _____ Yes _____ No If Yes, please explain _____

   _____

   _____

4. Is there an adult in the home? _____ Yes _____ No
   a. Name: _____ Relationship: _____
5. If yes, are they willing and able to prepare meals? _____ Yes _____ No
6. Is this person the sole caregiver of the Homebound Client? _____ Yes _____ No
7. Is the Homebound person physically or emotionally unable to obtain or prepare food?

   _____ Yes _____ No

   If yes, please explain: _____

8. Is the Homebound person recovering from an illness or injury? _____ Yes _____ No

   If yes, please explain: _____

9. Does the Homebound person agree to be at home to receive meals?

   _____ Yes _____ No

10. Do any of the following programs provide services to you? _____ Yes _____ No

    CAPP: _____ PCS: _____ Cherokee Home Health: _____

    Other: _____ Please Explain: _____

11. List all medications: _____

    _____

    _____

12. Are you in need of home repair? _____ Yes _____ No

    If yes, please explain _____

    _____

    _____

Official Use Only

Indefinite: _____ Temporary: _____

III: _____ VI: _____ Other: _____

Start Date: _____ End Date: _____

SNOWBIRD/CHEROKEE COUNTY SENIOR CITIZENS

EMERGENCY/ENSURE ASSISTANCE FORM

Date: _____ Enrollment #: _____

Date of Birth: _____ Phone#: _____

Client Name: _____

Mailing Address: _____

911/Physical Address: _____

City: _____

Zip Code: _____

Community: _____

Assistance Being Requested: _____

_____

If requesting assistance with a Power Bill, you must provide a cut of notice and the last four (4) digits of Social Security Number of the person whose name the account is in.

Last four (4) digits of Social Security #: _____

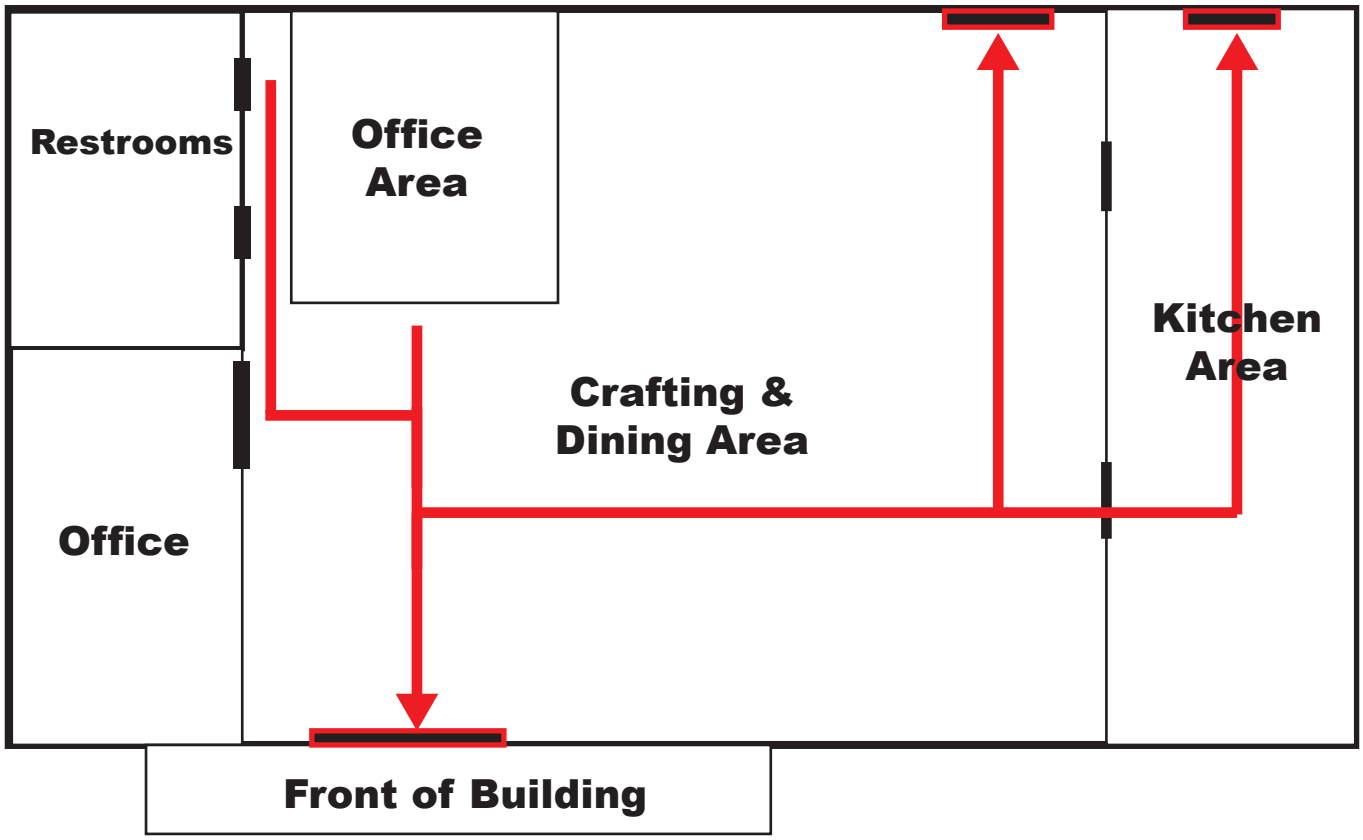
Please list everyone that is living in the household (include yourself):

Name	Age	Relationship
_____		Self
_____		
_____		
_____		

I certify that the information provided is true to the best of my knowledge, I am also aware that the information I have provided is subject to review and verification and I have to provide documentation to support the application. I allow release of the information for verification purposes. Any false or fraudulent statements made in this application may be subject to denial of services.

Client Signature: _____ Date: _____

Snowbird Senior Center Evacuation Plan



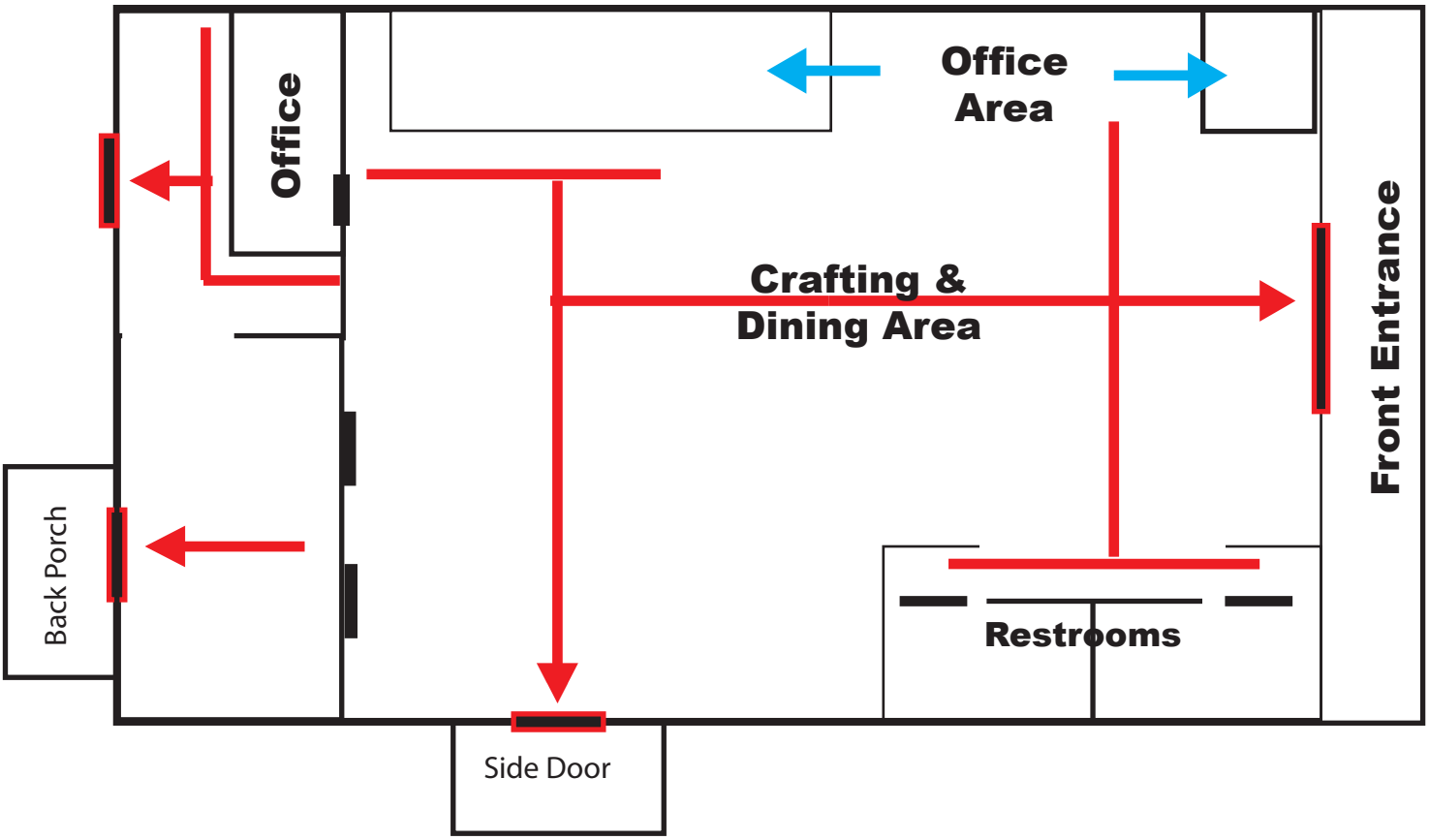
Evacuation Plan Legend

Exit Path

Exit Doors

Doors

John Welch Senior Center Evacuation Plan



Evacuation Plan Legend

- Exit Path
- Exit Doors
- Doors