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| --- | --- |
| Date: 7/19/2019 | YVEDDI ROAP Service Application |
| County of Residence: | Yadkin |
| Name: | Jane Doe |
| Street Address: | 123 Anywhere Street |
| City/State/Zip: | Anywhere, NC 27011 |
| Phone Number: | 336-367-0000 |
| Email Address: | janedow@hotmail.com |
| Date of Birth: | 1-24-1948 | Last 4 digits of S.S.N.: | 1234 |
|  |
| 1. Do you receive Medicaid? *(If yes, please refer to DSS)*
 | [ ]  YES [ ]  NO |
| 1. Do you have a vehicle?
 | [ ]  YES [ ]  NO |
| 1. Do you have a Driver’s License?
 | [ ]  YES [ ]  NO |
| 1. Do you have a friend or relative that can take you to your appointments?
 | [ ]  YES [ ]  NO |
| 1. Do you have a life threatening medical conditions? (if so, please describe)
 | [ ]  YES [ ]  NO |
|       |
| 1. Name/Address of doctor or agency who can verify the medical condition.
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|       |
| 1. Do you have any disabling conditions? (if yes, please describe)
 | [ ]  YES [ ]  NO |
|       |
| 1. Do you use a wheelchair?
 | [ ]  YES [ ]  NO |
| 1. Do you use any other assistive devices such as oxygen, a cane, or a walker?
 | [ ]  YES [ ]  NO |
| 1. Are you able to climb stairs?
 | [ ]  YES [ ]  NO |
| 1. Does a caregiver go with you to appointments?
 | [ ]  YES [ ]  NO |
| 1. How often will you need transportation?
 |
| *Frequency:* | *Location/Address:* | *Reason* |
|       |       |       |
|       |       |       |
|       |       |       |
| **EMERGENCY CONTACT INFORMATION** |
| Name: |       |
| Address: |       |
| Phone: |       |
| Work Phone: |       |
| Relation to client: | [ ]  Relative [ ]  Friend [ ]  Caregiver [ ]  Other        |
| **Applicant Signature:** |  | **Date:** |  |
| FOR OFFICE USE ONLY |
| Approved for: | [ ]  RGP [ ]  E & D |
| Employee Name: |       |