

Date: \_\_\_\_\_

YVEDDI ROAP, 5310, RSO, Service Application

County of Residence:			
Name:			
Street Address:			
City/State/Zip:			
Phone Number:			
Email Address:			
Date of Birth:		Last 4 digits of S.S.N.:	
1. Do you receive Medicaid? (If yes, please refer to DSS)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you have a vehicle?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you have a Driver's License?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you have a friend or relative that can take you to your appointments?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a life threatening medical conditions? (if so, please describe)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Name/Address of doctor or agency who can verify the medical condition.			
7. Do you have any disabling conditions? (if yes, please describe)			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you use a wheelchair?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you use any other assistive devices such as oxygen, a cane, or a walker?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are you able to climb stairs?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Does a caregiver go with you to appointments?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. How often will you need transportation?			
Frequency:	Location/Address:	Reason	
13. Are you a veteran of military service?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>EMERGENCY CONTACT INFORMATION</b>			
Name:			
Address:			
Phone:			
Work Phone:			
Relation to client:	<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____		
<b>Applicant Signature:</b>		<b>Date:</b>	
<b>FOR OFFICE USE ONLY</b>			
Approved for:	<input type="checkbox"/> RGP <input type="checkbox"/> E & D <input type="checkbox"/> EMPL <input type="checkbox"/> 5310 <input type="checkbox"/> RSO		
Employee Name:			

