SeniorConnection
seniorconnectionmc.org

Welcome to Senior Connection. All sections MUST be completed when applying for services. To be eligible for services, you must be 60+ years old. The information we collect is kept strictly confidential.

ABOUT YOU

First Name	Middle Initial	Last Name

Date of Birth (MM/DD/YYYY)	**Email Address that you check regularly**

Street Address

City	State	Zip

Best Daytime Phone Number	Best Evening Phone Number	Cell Phone Number

EMERGENCY CONTACT INFO

First/Last Name	Relationship

Street Address

City	State	Zip

Best Phone	Email

REFERRED BY

First/Last Name	Organization

Best Phone	Email

SERVICES YOU ARE APPLYING TO RECEIVE
(Not all applicants will qualify for all services. Age and income restrictions may apply)

- ☐ Senior Rides – escorted transportation services
- ☐ Pantry Fillers -- grocery shopping assistance
- ☐ Outdoor Excursion Trips

DEMOGRAPHICS

Gender ☐ Male ☐ Female

Primary Language ☐ English ☐ Other _____

Ethnicity
☐ Asian/Pacific Islander ☐ American Indian/Alaskan ☐ Hispanic ☐ Black/Not Hispanic
☐ White/Not Hispanic ☐ Multi-racial ☐ Other

Current living arrangements
☐ Alone-private residence ☐ Alone-group residence ☐ Lives with Spouse/family
☐ Lives in Assisted Living

Do you have pets? ☐ No ☐ Yes - Specify type/breed:

Do you smoke? ☐ No ☐ Yes

Income Level -- Please check the box that best describes your annual income level

Individual ➡ ☐ $29,700 per year or less ☐ $29,701 - $47,520 per year ☐ Over $47,520 per year

Couple ➡ ☐ $40,050 per year or less ☐ $40,051 - $64,080 per year ☐ Over $64,080 per year

MOBILITY ISSUES – Check all that may affect your mobility

☐ Respiratory or breathing problems ☐ Impaired hearing

☐ Impaired vision ☐ Memory loss

☐ Stroke/paralysis ☐ Dizzy spells

☐ Broken bones or sprains ☐ Other _____

PLEASE INDICATE ALL ASSISTIVE MOBILITY DEVICES YOU USE

☐ Cane ☐ Service Animal

☐ Walker ☐ Wheelchair

☐ None ☐ Other _____

VACCINATION STATUS

☐ Yes ☐ No

You should bring your Covid-19 vaccination card with you for every ride.
Your driver could ask for proof of vaccination and deny your ride due to vaccination status

FOR PANTRY FILLER APPLICANTS ONLY

List all sources of income:

Source	Income Amount
	$
	$
	$
	$
	$
Total Annual Income	$

I declare under penalty of perjury that all the income and asset information provided herein is true and correct to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are causes for rejection of this application. I understand that I may be required to provide additional documentation to qualify for certain services.

_____ _____

Client Signature   Date

Completed by _____ on behalf of client   Date:_____

Senior Connection provides services for eligible seniors in Montgomery County, MD, and reserves the right to determine client eligibility. Clients agree to be bound by the service descriptions provided by Senior Connection and agree to the following guidelines of participation:

CLIENT CODE OF CONDUCT – the Applicant agrees to:

- Call the office for all service requests. Do NOT contact the volunteer directly.
- Call the office as soon as they know they need a service in order to get on the schedule.
- Abide by the program policies and restrictions.
- Notify the office of any ride or service cancellations as soon as possible. Excessive cancellations may result in dismissal from the program.
- Be prepared to depart at the requested pick-up or scheduled service time.
- Be mentally alert and prepared for your service.
- Be courteous to your volunteer and follow their instructions at all times.
- Be ambulatory or able to self-transfer into and out of the vehicle.
- Pay for any parking, tolls, groceries, prescriptions or other items you acquire during service.
- Contact the office immediately if there is a problem or concern with a service provider.

CLIENT AGREEMENT

I hereby certify that all information I have supplied in this client application is true, complete, and accurate. I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a client and that this application is not a guarantee that I will be accepted as a client with Senior Connection. I hereby affirm that I meet all minimum requirements for the program(s) I am applying for and have provided such additional information as required. I agree to comply with and be bound by the policies of the program. Furthermore, I agree that Senior Connection may, for publicity and other purposes, use my image and/or any comment or quotation made by me.

I understand that Senior Connection may collect medical information from me that may include diagnosis, symptoms, treatments, doctor visits or other similar information. Any such information provided is strictly confidential and will not be disclosed or used for any purpose other than providing such services as requested herein.

I also understand and agree that for any service performed for me which includes any period that I am under general anesthesia (or similar), it will be my sole responsibility to have assistance available for me by a third party. Any responsibility of Senior Connection, its staff and volunteers ends when the scheduled transportation appointment is concluded and I am delivered to my residence.

I hereby release, waive, indemnify and hold harmless Senior Connection, its Directors, Officers, employees and volunteers from any and all loss, damages or liability including personal injury or death arising from my voluntary participation in the program(s) to which I have applied. I further agree that this Client Agreement and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this Client Agreement and Waiver of Liability. I do so, recognizing that I have been advised by Senior Connection that I have the right to consult with my own legal counsel concerning this Client Agreement and Waiver of Liability for clarification of any of the terms contained herein. I further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

_____ _____

Client Signature   Date

Completed by _____ on behalf of client   Date:_____