

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND

3001 West 37th Street Brooklyn New York, 11224 · Ph: (718) 449-5000 Ext. 1 · Fax: (347) 946-6155

E-mail: SeniorTrips@JCCGCI.org

JCCGCI ID#

Referred By:

CLIENT ELIGIBILITY CERTIFICATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____ Gender: (Circle One): M / F

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

JCCGCI Services

- Homecare
- Transportation
- Case Assistance/Access
- Friendly Visiting
- Telephone Reassurance
- Socialization Programs

CD / NYCCD

AD / COND / SD

/ / /

Date of Birth

Month Day Year
/ /

Place of Birth

Town/City Country
/

Social Security Number

XXX-XX-____

Ethnicity

- Asian Black
- Hispanic White Other

Marital Status

- Single Divorced
- Married Widowed

Living in Household

Housing

- Rent Homeless
- Own Other

Homebound

- Yes
- No

Do you use a...?

- Cane Walker
- Wheel Chair None

Medical Conditions/Need for Transportation

Visual Impairments

- Macular Degeneration
- Legally Blind None
- Other _____

Hearing Impairments

- Use hearing aid Deaf
- Other _____ None

Source of Income

- Social Security SSI Pension Job
- Other Holocaust Compensation

Primary Language

TOTAL Monthly Income – for individual only, not spouse

- \$0-\$439 \$550-\$599 \$750-\$899 \$1000-\$1099 \$1300-\$1499
- \$440-\$549 \$600-\$749 \$900-\$999 \$1100-\$1299 \$1500 or More

Do you have/receive...?

- Medicaid Food Stamps
- Meals-on-Wheels Medicare
- Access-a-Ride
- Services from another Agency

Please Specify which Agency: _____

Please Specify which Services: _____

PLEASE INCLUDE A COPY OF STATE ISSUED ID SHOWING PROOF OF AGE AND ADDRESS

PLEASE EMAIL A COPY OF STATE ID OR COPY OF MEDICAID/MEDICARE CARD TO SeniorTrips@JCCGCI.ORG

U.S Veteran

- Yes No

Emergency Contacts

Name: _____ Address: _____ City: _____ State: _____ Zip: _____
Tel: (____) _____ - _____ Cell: (____) _____ - _____ Relationship: _____ Email: _____

Holocaust Survivor -Country

Did you live in any of the following locations during WWII?

- Germany
- Austria
- Other Country Occupied by the Nazis: Specify: _____

Holocaust Survivor - Evacuation

And, please indicate country and year of Evacuation:

	Month/ Year	Month/ Year	
<input type="checkbox"/> Germany	____/____	<input type="checkbox"/> Bulgaria, Romania, Hungary	____/____
<input type="checkbox"/> Austria	____/____	<input type="checkbox"/> Italy	____/____
<input type="checkbox"/> Czechoslovakia	____/____	<input type="checkbox"/> Former Soviet Union Occupied Western Territories	____/____
<input type="checkbox"/> Poland	____/____	<input type="checkbox"/> Latvia, Lithuania	____/____
<input type="checkbox"/> Denmark, Norway	____/____	<input type="checkbox"/> Estonia	____/____
<input type="checkbox"/> Belgium, France, Netherlands, Luxembourg,	____/____	<input type="checkbox"/> Belarus, Moldova, Ukraine	____/____
<input type="checkbox"/> Yugoslavia, Greece	____/____	<input type="checkbox"/> Other Specify _____	____/____

Holocaust Survivor-Persecution Type

- Ghetto Specify: _____
- Concentration Camp Specify: _____
- Underground Sieged Specify: _____
- Flight Specify: _____
- Flight Specify: _____

Holocaust Survivor - Felig...

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Client's Signature: _____ Date: _____

Case Worker's Name: _____ Agency: _____ Telephone: _____