JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND

3001 West 37th Street Brooklyn New York, 11224 · Ph: (718) 449-5000 x 1·

E-mail: seniortrips@jccgci.org

Referred By:

JCCGCI ID#

CLIENT ELIGIBILITY CERTIFICATION FORM

Check off Services of Interest
- ❒Homecare
- ❒Transportation
- ❒Case Assistance/Access
- ❒Friendly Visiting
- ❒Telephone Reassurance
- ❒Socialization Programs

Last Name:_____ **First Name**:_____ **Middle Initial**:___

Maiden Name:_____ **Gender:** ☐ Male ☐ Female

Address:_____ **Apt:** _____ **City:** _____ **State:** ____ **Zip:**_____

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

CD / NYCCD	AD / COND / SD

Date of Birth (Month Day Year) ___/___/___

Place of Birth (Town/City Country) ___/___

Social Security Number

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

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:

TOTAL Monthly Income – for individual only, not spouse
❒$0-$439 ❒$440-$549 ❒$550-$599 ❒$600-$749 ❒$750-$899 ❒$900-$999 ❒$1000-$1099 ❒$1100-$1299 ❒$1300-$1499 ❒$1500 or More

Monthly Income – Individual, not incl Government Income / Pension
❒$0-$439 ❒$440-$549 ❒$550-$599 ❒$600-$749 ❒$750-$899 ❒$900-$999 ❒$1000-$1099 ❒$1100-$1299 ❒$1300-$1499 ❒$1500 or More

U.S Veteran
❒Yes ❒No

Emergency Contacts

1) Name:_____ Address:_____ City:_____ State:____ Zip:_____

Tel:(____)_____-_____ Cell: (____)_____-_____ Relationship:_____ Email:_____

2) Name:_____ Address:_____ City:_____ State:____ Zip:_____

Tel:(____)_____-_____ Cell: (____)_____-_____ Relationship:_____ Email:_____

Additional Information Needed:

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

►**PLEASE SUBMIT A COPY OF STATE ID** or **DRIVER LICENSE** or DOCUMENT CONFIRMING AGE AND BROOKLYN RESIDENCE;

►PLEASE SUBMIT A COPY OF **MEDICAID/MEDICARE CARD**;

►FOR AMBULETTE PLEASE SUBMIT A LETTER FROM DOCTOR CONFIRMING NEED FOR WHEELCHAIR ACCESSIBLE VEHICLE;

Date of Emmigration to US

Month/Year ____/_____

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:_____

1/2019