



Senior Companion Program
 Benjamin Rose
 11890 Fairhill Rd.
 Cleveland, Ohio 44120
 216.791.8000



ENROLLEE FORM/APPLICATION (Please PRINT and complete accurately)

Name: _____
Last First Middle Initial

Address: _____
Street Apt. #

City Zip Code Phone

Date of Birth _____ Age _____

Number of years of school completed _____ Social Security Number _____

Marital Status: Married Single Widowed Divorced

Veteran: Yes No

Referred to the program by: _____

Name of Physician _____
() Phone

Address _____
Street City/Town Zip Code

Check any of the following problems you experience:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Backache |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Low Blood Pressure | |

Other, please list: _____

Physical Condition: Good Fair Poor

Please explain: _____

Name of Emergency Contact: _____ Phone: (____) _____

Address: _____
Street City/Town Zip Code

PLEASE LIST MONTHLY INCOME BELOW BY SOURCE:

Social Security \$ _____
Supplemental Security Income \$ _____
Annuity Income \$ _____
Pension Income \$ _____
Rental Income Received \$ _____
Income from Stocks & Bonds \$ _____
Wages or Salary \$ _____
*Other \$ _____
TOTAL MONTHLY INCOME \$ _____

Total Income of your Entire Household \$ _____

Number of persons living in your home: _____ Number of legal dependents: _____

WORK EXPERIENCE (List most recent first)

Employer _____ Work performed by you _____

Employer _____ Work performed by you _____

What interests you about being a Senior Companion?

Have you ever had any courses that might help you in caring for older individuals?

Yes No

If yes, please name the course(s) _____

Have you had any experience in taking care of older adults? Yes No

Membership in Senior Clubs or Organizations (Hobbies or Special Skills): _____

What kind of transportation do you plan to use? _____

Are you a licensed driver? Yes No

Do you plan on using your car? Yes No

Please read and complete the following, if you will be driving:

I plan to use my car for travel to and from the client's homes. I have adequate auto insurance, and understand that the Senior Companion Program will provide excess auto liability insurance. I further understand that I am not to transport clients, their family members, neighbors or friends in my performance of my duties as a Senior Companion.

Signed _____

Drivers' License Number _____

Beneficiary Information: Name _____ Phone: (____) _____

Relationship to self: _____

Address: _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If so, please state the type of offense and when it occurred. _____

Three character references (Not Relatives)

	Name	Address	City	Phone
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

I certify this information is correct to the best of my knowledge.

Applicant Signature

Date