

Next Steps 4 Seniors Foundation

APPLICATION

*Once completed, please mail to the above address or email to office@nextsteps4seniors.com

Full Name:				Date:
Address:	Last	First		MI
Address.	Street Address			Apartment/Unit #
	City			State Zip Code
Phone:				Email:
Date of Birth:	Socia	al Security	y No.:	Are you a U.S. Citizen? YES NO
Are you married / single / widowed? (Circle One)			One)	
Do you or your	spouse own a house?	YES	NO	
Do you own or	lease a car?	YES	NO	If YES, \$Per Month
Do you have Lo	ng Term Care Insurance?	YES	NO	
Are you current	tly receiving Veteran's Benefits?	YES	NO	If YES, \$ Per Month
Monthly Social Security: <u>\$</u>			_	Monthly Pension: <u>\$</u>
Monthly Disability: <u>\$</u>			Other Income: <u>\$</u>	
Please list all assets in applicant's name:				
1				2
3				4
5				6
What type of assistance are you seeking from Next Steps 4 Seniors Foundation?				
Respite Sta	y Month	ıly Housi	ng Gran	t Please check all activities that require assistance:
One Time F	lousing Support Other			Medication Assistance Toileting
Please Provide Explanation:			Transfers/Ambulation Dressing	
				Showering/Bathing Escorting
				Meal Prep/Feeding Incontinence
POA/Guardian/Emergency Contact				
Please list at least one person that we may contact if we are unable to contact applicant. Full Name:				
Email: Phone:				
Address: Disclaimer and Signature				

I certify that my answers are true and complete to the best of my knowledge. **Please note:** a current bank statement and a bank statement from 6 months ago needs to be included with application, as well as last year's Tax Returns.