



Next Steps 4 Seniors Foundation

APPLICATION

455 S. Livernois, Ste. B-21
Rochester Hills, MI 48307
(248) 651-5010
office@nextsteps4seniors.com

Full Name: _____ Date: _____
Last First MI
Address: _____
Street Address Apartment/Unit #
City State Zip Code
Phone: _____ Email: _____
Date of Birth: _____ Social Security No.: _____ Are you a U.S. Citizen? YES NO

Are you married / single / widowed? (Circle 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 Long Term Care Insurance? YES NO

Are you currently receiving Veteran's Benefits? YES NO If YES, \$ _____ Per Month

Monthly Social Security: \$ _____ Monthly Pension: \$ _____

Monthly Disability: \$ _____ Other Income: \$ _____

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 Stay ☐ Monthly Housing Grant
☐ One Time Housing Support ☐ Other _____

Please Provide Explanation:

Please check all activities that require assistance:

- ☐ Medication Assistance ☐ Toileting
☐ 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: _____ Relationship: _____
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.**

Signature: _____

Date: _____

Rev: 5/11/20