

## Senior Citizens Services Application

We are pleased that you wish to participate in the Senior Citizens Services Program and hope that we will be able to serve you.

We need the following to determine if you are eligible for free services or services at a discount. You are eligible to apply:

1. If you are 60 years of age and unemployed or employed not more than 20 hours a week
2. If you are 65 years of age or older.

<b>Step 1</b>	LAST NAME	FIRST	MIDDLE	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	BIRTHDATE (MM/DD/YYYY)	
	MAILING ADDRESS (STREET, APT)		CITY	STATE	ZIP CODE	TELEPHONE (AREA CODE)	
	RACE / ETHNICITY: VOLUNTARY (PLEASE CHECK ONE)						
	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Latino / non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races:						
IF AGE 60, BUT NOT YET 65, PLEASE ANSWER THE FOLLOWING							
<input type="checkbox"/> Not employed <input type="checkbox"/> Employed: <input type="checkbox"/> 20 hours per week or less <input type="checkbox"/> More than 20 hours per week							
<b>Step 2</b>	NUMBER OF PERSONS IN HOUSEHOLD AND HOUSEHOLD ASSETS (DO NOT INCLUDE RESIDENT HOME, AUTOMOBILE, OR CASH SURRENDER VALUE OF LIFE INSURANCE)						
	CHECK ONE						
			YES	NO			
	<input type="checkbox"/> One (1) person	\$10,000	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Two (2) persons	\$15,000	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Three (3) persons	\$16,000	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Four (4) persons	\$17,000	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Five (5) persons	\$18,000	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL MONTHLY HOUSEHOLD INCOME IS: \$ _____							
If your household income is at or below 40% of the state median income, and you checked "yes" on the assets for your household size, you may be eligible for services at less than costs.							
TO BE COMPLETED BY COUNSELOR / VENDOR							
You will be required to pay ____% of the cost of each service.							
<b>Step 3</b>	<b>Department of Social and Health Services Statement</b>						
	The information you have provided is used to determine your eligibility for services provider under the Senior Citizens Services Act. The information may also be used to compile statistics and otherwise assist in the administration of the program. Personal information will be treated in a strictly confidential manner in accordance with Washington State law. The Department of Social and Health Services may contact you at a later date to review your eligibility.						
	<b>Applicant's Statement of Understanding</b>						
	I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge.						
APPLICANT'S SIGNATURE			DATE	SIGNING FOR APPLICANT			
<b>Application Counselor / Vendor</b>							
This application has been reviewed for accuracy.							
DSHS / VENDOR AUTHORIZED REPRESENTATIVE			DATE	SIGNING FOR APPLICANT			

When you apply for the Senior Citizens Services Program, you have certain rights which you are entitled to have respected. You also have certain responsibilities which you must carry out in order to be eligible for and to continue to receive services.

**YOUR RIGHTS - YOU HAVE THE RIGHT TO:**

1. Apply for any assistance or services provided by the Senior Citizens Services Program.
2. Receive courteous and fair treatment with no discrimination because of race, color, creed, sex, sexual orientation, religion, political beliefs, disability, national origin, veteran or military status..
3. Receive a prompt decision on your application (within 10 days).
4. Expect that information that you give will not be disclosed or used for any purposes other than those necessary for administration of the program.
5. Request an informal hearing from the Area Agency on Aging. If you are dissatisfied with the outcome of the informal hearing, you may request the department provide an administrative hearing as specified in Chapter 388-02 WAC.

**YOUR RESPONSIBILITIES - YOU HAVE A RESPONSIBILITY TO:**

Provide correct and complete information on your application and all other forms related to your eligibility.

Apply for and use any services from other sources for which you may be eligible.

Report to the service providers any changes of your name, address or in your circumstances which may affect your eligibility or the amount of fees you pay for services, such as income, resources or family composition.