



2017 Home Handyman Program Enrollment ❖ Lancaster County

233 S. 10th Street, Suite 101 Lincoln, NE 68508-2250 402-441-7030

Aging Partners will maintain the confidentiality of your information. Your information will never be sold.

Legal Name: First: _____ MI: _____ Last: _____

Likes to go by: _____ Social Security Number: _____ (last 4 digits required)

Marital Status:

- Divorced
Married
Other
Separated
Single
Widowed

Spouse's full name: _____
Spouse's date of birth: _____

Gender: Male Female Other

Date of Birth: _____

Month/Day/Year

- Home Cell Work (repeated for both phone numbers)

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Residence Address:

Street/PO Box: _____ City: _____ Zip: _____

Mailing Address:

Street/PO Box: _____ City: _____ Zip: _____

Person/Organization responsible for payment of your Handyman service if other than applicant (you):

Name of person or organization: _____

Address: _____ Zip: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: (_____) _____

Home Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Household Income: Please use Gross or Before-Tax figures and check the box that best describes your income range.

One (1) person household Income Annually \$0 - \$12,060 \$12,061 - 18,090 \$18,091 or above
(Monthly \$0 - \$1,005 \$1,006 - 1,508 \$1,509 or above)

Two (2) person household Income Annually \$0 - \$16,240 \$16,241 - 24,360 \$24,360 or above
(Monthly \$0 - \$1,353 \$1,354 - \$2030 \$2,031 or above)

Please talk to a staff member if there are three (3) or more people in your household.

For Office Use Only: Activation Date: _____ Rate Code: _____ Hourly Rate: _____

SAMS#: _____ NAMIS# _____ Initials: _____

Race: (Check all that apply)

- American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander
- Asian White
- Black/African American Other Unknown

For each of the following, please select only one:

- Ethnicity:** Hispanic or Latino
 Not Hispanic or Latino
 Unknown

- Lives with:** Lives Alone Lives with Family or Friend
 Lives in Nursing Facility/Institution Lives with Spouse

- Living Arrangement:** Homeowner/Co-owner Rents
 Independent Senior Housing Other _____

- Benefits:** Medicare Medicaid Waiver Energy Assistance SNAP/EBT(Food Stamps)
 Medicaid Social Services Grant, (Title XX) Homestead Tax Assistance

Are you a veteran who served on active duty in the armed forces of the United States? Yes No

Do you understand English without help? Yes No

What is your Primary Language? _____

Activities of Daily Living & Instrumental Activities of Daily Living

Circle Yes or No

(IADL) Do you have difficulty with **any** of the following?

- Heavy housework / yard work / snow removal Yes No
- Light housework / laundry Yes No
- Medication management Yes No
- Money management Yes No
- Transportation Yes No
- Preparing meals Yes No
- Shopping Yes No

(ADL) Do you have difficulty with **any** of the following?

- Bathing Yes No
- Dressing Yes No
- Eating Yes No
- Toileting Yes No
- Transferring Yes No
- Walking Yes No

I would like to receive information about the following topics by _____ **Mail** _____ **Phone** _____ **Email**

- Health/Foot Clinics
- Caregiving
- Financial Counseling
- Entertainment
- Meals
- Housing Issues
- Insurance/Medicare
- Living Well Magazine
- Nutrition Education
- Medical Alert System
- Legal Assistance
- Senior Centers
- Wellness Classes
- Help Living at Home
- Tax Assistance
- Transportation

I understand that demographic information will only be shared with other governmental agencies, such as the Nebraska State Unit on Aging, for the purpose of developing required state and federal reports. I understand that my name will only be shared with the Nebraska State Unit on Aging for the same purpose. I also understand that I may receive information from Aging Partners about services they offer.

Signature: _____ **Date:** _____

**HOME HANDYMAN PROGRAM
SLIDING FEE REQUEST**

*To be considered for a reduced rate, all sections must be completed.
Incomplete requests cannot be processed.*

Monthly **household** income:

| | |
|-------------------|----------|
| Social Security | \$ _____ |
| Retirement | \$ _____ |
| Pension | \$ _____ |
| Employment income | \$ _____ |
| Rental income | \$ _____ |
| Interest income | \$ _____ |
| Other income | \$ _____ |

Total monthly household income: \$ _____

Number of persons in household _____

Work requested: _____

I certify that the above financial information and the number of persons in my household are true and accurate to the best of my knowledge.

(Signature)

(Date)

If you have any questions, or would like help completing this form, please call

402-441-7030