



**American Muslim Senior Society (AMSS)**  
*Diversity and Partnership in Action Supporting Caregivers and Empowering Older Adults*

**AMSS New Client Application Form**

**Client Information**

**Date of application:**

Client's Full Name:		
Date of Birth:	Age:	Gender:
SSN(Last 4 digits):	Race/Ethnicity:	
Phone:	Primary Language:	
Email:	Country of Origin:	
Address:		
City:	Zip Code:	
Emergency Contact Name :		
Emergency Contact Phone :		

Check all that Apply	Yes	N/A	Description optional*
Are you chronically ill?			
Are you disabled?			
Are you a caregiver?			

**Health Coverage:**  medicare  medicaid  other:

**Number of Household Members:**

**Reference:**

How did you hear about AMSS?

The content of this form/application contains **confidential**, or privileged information.  
 All information is intended for American Muslim Senior Society (AMSS).  
 It is strictly prohibited to copy or distribute this form outside of AMSS members, staff, or offices.



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<b>Services Needed:</b>	<b>Time of Day:</b>
<b>Transportation Services:</b> <input type="checkbox"/> Medical Appointments <input type="checkbox"/> Shopping <input type="checkbox"/> Social Activities <input type="checkbox"/> Food Delivery Service <input type="checkbox"/> Others	<input type="checkbox"/> Weekends <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekdays: <input type="checkbox"/> AM <input type="checkbox"/> PM Frequency:
<b>Home Visits/Friendly Services:</b> <input type="checkbox"/> Visits <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Paperwork (pay bills, fill out forms) <input type="checkbox"/> Minor repairs (change light bulbs, etc.) <input type="checkbox"/> Others	<input type="checkbox"/> Weekends <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekdays: <input type="checkbox"/> AM <input type="checkbox"/> PM Frequency:
<b>Communication Services:</b> <input type="checkbox"/> Check-ins <input type="checkbox"/> Reminder calls <input type="checkbox"/> Connection to county resources <input type="checkbox"/> Interpretation	<input type="checkbox"/> Weekends <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekdays: <input type="checkbox"/> AM <input type="checkbox"/> PM Frequency:

<b>Food Delivery Services:</b>
<input type="checkbox"/> Hot Halal Meals <input type="checkbox"/> Fresh Produce <input type="checkbox"/> Non-Perishable Items
Do you have any Allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO Allergen(s): _____  Do you have any Food preferences?

**Questions, Comments, Concerns?**

**\*\*Copy of ID must be submitted\*\***

Client's Signature : \_\_\_\_\_

Date: \_\_\_\_\_