

**The Heritage Agency FY 2012
NAPIS Customer Registration Form**

This program is available in cooperation with the Iowa Department on Aging and the US Administration on Aging. The information contained on this form is for statistical purposes only and used to determine the amount of federal and/or state funding allocation. Collected information will not be used to determine your eligibility or affect your participation unless a law has specifically restricted program participation. The Heritage Agency and its subcontractors do not discriminate based on age, color, creed, familial status, gender identity, marital status, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, or political affiliation in its employment practices or the provision of services except where it is a requirement of law. **A new form must be completed in its entirety each fiscal year.**

**CARING HANDS & MORE
TITLE IIIB/CHORE**

Client Information: (Please Print)

Last Name: _____ MI: ____ First Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: ____ Zip _____

Phone: () _____ - _____

Gender: [] Male
 [] Female

Race: [] African-American
 [] Native Hawaiian/Pacific Islander
 [] American Indian/Alaskan Native
 [] Asian
 [] White

Ethnicity: [] Hispanic or Latino
 [] Not Hispanic or Latino

| | |
|---|----------------------|
| Annual Household Income | |
| <input type="checkbox"/> | \$0 to \$10,890 |
| <input type="checkbox"/> | \$10,891 to \$20,147 |
| <input type="checkbox"/> | \$20,148 to \$24,624 |
| <input type="checkbox"/> | \$24,625 to \$32,670 |
| <input type="checkbox"/> | \$32,671 to \$44,130 |
| <input type="checkbox"/> | Above \$44,131 |
| Number of People in Household <input type="text"/> | |

Activities of Daily Living (ADL)
Can you do these without assistance:

[] Y [] N Walk?
 [] Y [] N Bathe?
 [] Y [] N Dress?
 [] Y [] N Get out of bed or chair?
 [] Y [] N Use the toilet?
 [] Y [] N Eat?
 [] Y [] N Groom yourself?

Instrumental Activities of Daily Living (IADL)
Can you do these without assistance:

[] Y [] N Manage Money? [] Y [] N Do heavy housework?
 [] Y [] N Do laundry? [] Y [] N Do light housework?
 [] Y [] N Do shopping? [] Y [] N Use transportation?
 [] Y [] N Manage medication? [] Y [] N Use the telephone?
 [] Y [] N Prepare meals?

Release of Information:

I understand and agree that the information contained on this form is accurate. I understand that it will be used for statistical information, surveying my satisfaction with the program, and to justify continued federal and/or state funding. My information will not be sold or used for any other purposes.

Signature: _____

For Agency Staff Use Only:

Eligibility Verified and Required Information completed by _____ (initials)