



Department of Human Services
Senior Companion Program
150 Frank H. Ogawa Plaza, Suite 4340
Oakland, CA 94612



CLIENT APPLICATION FORM

I am applying for: _____ Taxi Up & Go (TUGO) Transportation for medical or groceries
_____ A Senior Companion Volunteer to visit me once a week

Client Name: Mr/Mrs/Ms _____
Last Name First Name Middle Initial

Gender: _____ Male _____ Female Date of Birth _____ / _____ / _____

Home Address _____ District #: _____

City Zip Code
Home Telephone (_____) _____

Mobile Telephone (_____) _____

Ethnicity _____ Do you speak English? _____ Yes _____ No

If No, what is your primary language? _____

Do you receive care from a Caregiver or an IHSS Provider? (Please provide their name below.)

Caregiver/IHSS Provider _____

Relationship _____

Telephone Number(s) _____

Monthly Income Amount \$ _____ (Check all that apply)

_____ SSI _____ SSDI _____ Retirement _____ Veteran's
_____ Medicare _____ Medi-Cal _____ Disabled (Other) _____

Mobility & Assistance

_____ Ambulatory (able to walk) _____ Power Wheelchair _____ Scooter
_____ Service Animal _____ Manual Wheelchair _____ Walker
_____ Cane _____ White Cane/visually impaired _____ Other (please specify)

_____ Do you have difficulty performing any of the following tasks?

_____ Stand _____ Lift/Carry _____ Bend _____ Reach _____ Grasp

Medical Condition: (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cognitive/Learning Disability |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hard of Hearing/Deaf |
| <input type="checkbox"/> Heart/Stroke/Cardiovascular | <input type="checkbox"/> Low Vision/Blind | <input type="checkbox"/> Memory Lapse |
| <input type="checkbox"/> Mobility/Physical | <input type="checkbox"/> Psychological/Mental | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Spinal Cord Injury | |

Other condition(s) not listed above: _____

What medications do you take? _____

How did you hear about the Senior Companion or Taxi Up & Go Program?

- | | | |
|--|---|--|
| <input type="checkbox"/> Sr. Companion/Volunteer | <input type="checkbox"/> Community Center | <input type="checkbox"/> Advertisement/Flyer |
| <input type="checkbox"/> Family/Friends | Other _____ | |

If you were referred by an agency, please provide us with their information:

Name/Title of person _____
 Name of Agency/Organization _____
 Telephone Number _____

Are you currently receiving taxi scrip from any other program? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Taxi Scrip from Oakland Para-transit | <input type="checkbox"/> Taxi Scrip from MSSP Case Management |
|---|---|

Would you like additional info on other City of Oakland Senior Programs? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> OSCAR/911 Registry | <input type="checkbox"/> OPED/Oakland Paratransit for the Elderly & Disabled |
| <input type="checkbox"/> MSSP/Case Management | <input type="checkbox"/> ASSETS/Senior Employment Opportunities Program |
| <input type="checkbox"/> Senior Centers | |

The information provided is correct and represents my current condition.

Client's Signature _____ Date _____

Please return this form by mail:
 City of Oakland, Department of Human Services
 150 Frank H. Ogawa Plaza, Suite 4340, Oakland, CA 94612

Or by FAX:
 (510) 238-2378

Call or email us if you have any questions:

Senior Companion Program:
 Liz Hillen (510) 238-3620
Lhillen@oaklandnet.com

Taxi Up & Go Project:
 April Haley (510) 238-3175
ahaley@oaklandnet.com

* Projects Funded by Corporation for National & Community Service; Alameda County Commission on Transportation; Oakland Community Development Block Grant

FOR OFFICE STAFF ONLY:

ACCEPTED INTO TUGO ON ____/____/____ ASSIGNED TO SCP VOLUNTEER _____ ON ____/____/____
 REFERRED TO AGENCY/PROGRAM _____ ON ____/____/____