



COPPER RIVER
NATIVE ASSOCIATION

Elder Support Tech – I.H.S. Homemaker Services

If you have any questions about the program or application, or you need assistance in completing this application, please contact the Tribal Community Services Dept. at 907-822-5241

Date Received: _____ Received By: _____

Name: _____ Date of Birth: / / _____

Mailing Address:

_____ P.O. Box or Street Address City State Zip

Physical Address:

_____ Street Address City State Zip

Home Directions:

Main Phone: _____

Message Phone: _____

Work Phone: _____

Emergency Contact (Primary):

_____ Name Phone Number

Emergency Contact (Alternate):

_____ Name Phone Number

Tribe enrolled in/descendant of: _____

(Example: Chitina, Kluti-Kaah, Tazlina, Gulkana, Gakona, Chistochina, Cantwell.)

Gender: Male Female

Housing Composition: Lives: Alone Spouse With Relatives Boarder

With Friends Other: _____

Primary Transportation: Drives Self Spouse With Relatives With Friend(s)

Other: _____



Authorized Contacts/Names of others living in the home

Name	Date of Birth	Relationship to Applicant

Briefly Explain Your Purpose For Requesting Services:

Information You Feel The Homemaker May Need:

Hours will not exceed 10 hours per week or 7.5 hours per day, whichever comes first

A client may be approved or reapproved for services but may not be assigned a homemaker if staff or program hours are unavailable. Their approved or reapproved application will be reconsidered with other newly approved applicants when staff or program hours become available.



Preferred Hours: _____ Number of Days Per Week: _____

Preferred Days (M-F): _____

Clients Signature: _____

Date: _____

FOR CRNA STAFF USE ONLY:

Approved Disapproved Authorized _____ days a week, and _____ hours per day.

Name of Homemaker Assigned: _____

Reviewed By: _____ Date: _____