



COPPER RIVER  
NATIVE ASSOCIATION

## Title VI – Elder’s Meal Program

If you have any questions about program or application, or you need assistance in completing this application, Please contact the Elder’s Program Staff in the Tribal & Community Services Department at (907)822-5241.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

### PERSONAL INFORMATION

Name: _____	Date of Birth: _____	S.S. Number: _____
Mailing Address: _____		Telephone Number: _____
Physical Address: _____		Message Number: _____
Tribe/Village Enrolled In: _____		Direct Descendant Of: _____

### HEALTH/EMERGENCY INFORMATION

<b>Pertinent Health Info:</b> _____	
(Allergies, Diabetic, Etc.) _____	
<b>Emergency Contact:</b> _____	<b>Telephone Number:</b> _____
<b>Emergency Contact:</b> _____	<b>Telephone Number:</b> _____

### OTHER

<b>Directions to Residence:</b> _____
<b>Applicant Status:</b> _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed



<b>Housing Composition:</b> _____ Lives Alone _____ Spouse _____ Family _____ Friend <b>Boarder</b>
<b>Gender:</b> _____ Male _____ Female <b>Elder Services Technician (EST):</b> _____ Primary
<b>Transportation:</b> _____ Drives Self _____ Spouse _____ Family _____ Friend _____ Public Transportation _____ None
<b>Prosthetic Devices:</b> ___ Walker/Cane ___ Wheelchair ___ Hearing Aid ___ Glasses ___ Dentures ___ Artificial Limb ___ None
<b>TCS Utilized:</b> _____ _____