



Humanitarian Service Project

Serving Humanity Since 1979

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Waiting List Application for the Senior Citizen Project (Updated 02/2019)

A case manager or building manager must fill out the income portion of this form. If neither are available to you, you will have to provide proof of income when/if you are enrolled in the program. Please print and include as much detail as possible when filling out this application. Please note that this application is for the waiting list; the average wait time has been at least two years, so you will not receive food assistance from us right away.

Name of Senior: _____ Date: _____

Phone: _____ Cell phone: _____

Address: _____

City: _____ Zip Code: _____ Birth Date: _____

Recommended to our program by:

Name: _____

Title: _____ Telephone: _____

E-mail: _____

Senior's Monthly Income & Expenses:

Social Security: \$ _____ * If they receive other income, please explain:

Pension: \$ _____

Other: \$ _____

Total: \$ _____

Housing: Does senior: Rent Own home: Length of Occupancy: _____

Monthly Rent/Mortgage: \$ _____ Monthly Utilities: \$ _____

Monthly Grocery Expenses: \$ _____

Do they own a car? Yes No Monthly car expenses \$ _____

This monthly delivery consists of approx. 40 lbs. of fresh produce, approx. 10 lbs. of meat, 6 bags of non-perishables, and a bag of paper products and personal care items adding an additional 50 lbs. We calculate this will cover your groceries for 3 - 4 weeks. Can the senior handle 90 pounds of food, and prepare it? Yes No

Marital status: Single Married Widowed Divorced Other

Race: White African American Asian American Indian

Other _____

Is senior a United States Armed Forces Veteran? Yes No

Does senior live alone? Yes No If no, who lives with them?
(If more than 2, please attach a separate page with the information that is request below.)

Name: _____	Age: _____	Name: _____	Age: _____
Occupation: _____	Income: _____	Occupation: _____	Income: _____
Relationship: _____		Relationship: _____	

Does senior have a homemaker? Yes No

If yes, how often do they visit? _____

Number of Adult Children: _____

Frequency of contact: Daily Weekly Monthly Yearly Seldom

Do any of the senior's children provide any support? Yes No

If yes, please describe what help the senior receives (financial, groceries, rides to store or doctor, other): _____

If no, please explain: _____

Number of Grandchildren: _____

Does senior act as a caretaker for any children? Yes No

If yes, for how many? _____ How often? _____

Number of Siblings: _____

Contact with Siblings: Weekly Monthly Seldom Never

Do any of the siblings provide you with any support? Yes No

If yes, please describe what help the senior receives (financial, groceries, rides to store or doctor, other): _____

If no, please explain: _____

Current Monthly Grocery Situation:

How does senior currently get groceries? _____

Does senior currently use a food pantry? _____

Does senior ever have to skip meals or cut back? _____

Physical Condition: Please list all health problems or challenges for which senior is being treated, plus those which are chronic for which senior may not be receiving treatment or medication:

Does senior use incontinence protection products such as Depends? Yes No

What is senior's monthly medical expenses - prescription drugs, insurance etc.?

Is there any other information you believe we should know?

I do affirm that the information above is correct and true to the extent of my knowledge.

Senior Signature: _____ Date: _____

