



Humanitarian Service Project

Serving Humanity Since 1979

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Senior Citizen Project Waiting List Application

(Updated 08/2024)

Name of Senior: _____ Date: _____

Phone: _____ Cell phone: _____

Address: _____

City: _____ Zip Code: _____ Birth Date: _____

Email: _____

Recommended to our program by:

Name: _____

Title: _____ Telephone: _____

E-mail: _____ Agency: _____

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: \$ _____ Medical Expenses: \$ _____

Monthly Cable \$ _____ Cell Phone \$ _____

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 ☐

Staff Only ID# _____ **Date Entered** _____ **Initials** _____

Emergency Contact _____ **Phone #:** _____

Emergency Contact _____ **Phone #:** _____

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: _____

Staff Only ID# _____ **Date Entered** _____ **Initials** _____

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: _____

I understand that if a caseworker, building manager, or someone else who can attest to my income did not fill out the income portion of this form, I will have to provide documented proof of income when/if I am enrolled into the Senior Citizen Project.

Senior Signature: _____ Date: _____

