

Senior Programs Eligibility Assessment Form

**** Each person interested to register in the program is requested to fill out this program eligibility assessment form. ****

Date: _____

First Name: _____ Last Name: _____

Best Number to reach you at: _____ E-mail: _____

1. Are you 65 years or older? Yes No

2. Do you live in the Tri-Cities? Yes No

3. Do you live alone? Yes No

4. Do you live in a (please check one)

House Suite in house Townhouse Apartment/Condo Assisted/ Independent living
 Mobile home Other: _____

5. Do you self-identify as:

Indigenous Yes No
Newcomer immigrant / refugee (less than 5 years in Canada) Yes No

6. What language/s do you speak at home most of the time? _____

7. Do you consider yourself homebound? Yes No

8. Do you consider yourself living comfortably and independently?

Yes, most of the time Yes, sometimes Somewhat No, most of the time No, not at all

9. In the past 6 months, how have you been feeling most of the time?

Very good Good Just okay or so-so Bad Very bad

10. Do you have someone nearby that you can talk to if or when you feel lonely? Yes No

11. Do you experience any difficulty with daily activities? (meals, mobility, shopping, banking, socializing) Yes No Prefer not to say

12. Are you experiencing any of the following difficulties (check all that apply)?

Hard of Hearing / Deaf Eyesight or vision problems Mobility issues Language barrier
 No difficulty at all Other: _____

13. If you are living alone, please indicate your income category below:

CATEGORY	SINGLE INCOME	PLEASE CHECK ONE CATEGORY THAT APPLIES
A	\$24,300 or below	
B1	\$24,301-\$35,250	
B2	\$35,251-\$46,200	
C	\$46,201-\$57,199	
D	Over \$57,200	

14. If you are living with your spouse or common-law partner, please indicate your income category below:

CATEGORY	COUPLE INCOME	PLEASE CHECK ONE CATEGORY THAT APPLIES
A	\$38,265 or below	
B1	\$38,266 – \$61,410	
B2	\$61,411 – \$84,555	
C	\$84,556 – \$107,699	
D	Over \$107,700	

15. If you have an unexpected expense today of \$500, could you cover this from your own resources? Yes No

16. If you wanted to, could you spend a small amount of money each week on yourself? Yes No

17. Are you currently able to pay your bills on time? Yes No

18. If there is any additional information you would like to provide, please include it below:

Thank you for filling out the form. The information you have provided will be kept confidential. A Program Coordinator will be contacting you to follow up on your interest in registering in the program.