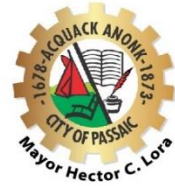


Mail or deliver application

to:

Passaic City Hall
ATTN: Senior Affairs
330 Passaic Street
Passaic, NJ 07055



CITY OF PASSAIC

DEPARTMENT OF SENIOR AFFAIRS

Application Instructions: Applicants must complete and sign Part I: Application and Part II: Waiver for approval.

PART I: APPLICATION FOR NUTRITION AND OR TRANSPORTATION

Name: _____ Date of Birth: ___/___/___ Male Female

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email address: _____

Are you a Passaic Resident? YES NO

Are you 60 or older? YES NO If under 60, do you have a disability? YES NO

Do you use a wheelchair or mobility device? YES NO Other accommodations?

Does a personal attendant/ caregiver accompany you on trips? YES NO

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Address: _____ Relationship: _____

Phone Number: _____ Cell Phone Number: _____

Secondary Contact Name: _____

Address: _____ Relationship: _____

Phone Number: _____ Cell Phone Number: _____

Please list any medication that is taken: _____

STAFF USE ONLY Date received: _____ Approval: Y N Reviewer Initials: _____

LIVING AND TRANSPORTATION ARRANGEMENTS

Married Widowed Single Separated Divorced

Living arrangements:

Homeowner Rent Boarding Home Senior Housing Assisted Living

Do you live alone? YES NO

If not, do you live: With a relative Shared Housing

Hearing: Deaf Impaired Hearing Aid

Vision: Blind Impaired Corrective Lenses

Are you a veteran? YES NO

Means of transportation:

Own Car Public Transportation Relative/Friend Community Transportation

RACE / ETHNICITY

Please check all that apply:

Hispanic/Latino American Indian /Alaskan Native Black/African American Asian

White Hispanic Native Hawaiian/ Other Pacific Islander White/Non-Hispanic

Non-Hispanic Two or more races Other Race Unknown or No answer

ANNUAL INCOME

My yearly income is:

PAAD ELIGIBLE

SENIOR GOLD ELIGIBLE

Single: \$10,210 or below less than \$22,572 \$22,573-\$32,572 \$32,573 +

Married Couple: \$13,690 or below less than \$27,676 \$27,677-\$32,677 \$32,678 +

CITY OF PASSAIC TRANSPORTATION WAIVER FORM

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Passaic or their officers, officials, consultants, contractors, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Passaic's Transportation program. I also acknowledge that the City of Passaic reserves the right to refuse compliance with the policies and procedures governing this program. I agree to comply with the terms set forth in the City of Passaic's Transportation Policy and Procedures Manual. The City reserves the right to modify the terms and conditions of this program without prior notice.

Approximately

NAME: (Print) _____

SIGNATURE: _____

DATE: _____

Mail or deliver completed application to:

**Passaic City Hall
ATTN: Senior Affairs
330 Passaic Street
Passaic, NJ 07055**

Applications will be reviewed within 2-3 days of receipt.

Approved applicants will be notified by phone

For more information, please contact Department of Senior Affairs at (973) 365-5754.