MARYLAND DEPARTMENT OF AGING
CONGREGATE HOUSING SERVICES PROGRAM (CHSP)
APPLICATION FOR PARTICIPATION IN CHSP

Date _____

1. Applicant(s) _____

2. Social Security # _____

3. Current Address _____

   _____

   _____

4. Telephone _____: email: _____

5. Date of Birth _____

6. I Need Assistance With (check all that apply)

   _____ Meals _____ Housekeeping _____ Laundry

   _____ Dressing _____ Grooming _____ Bathing

I understand that an assessment of my needs will be made to determine whether I am eligible for the program, and if so, what services I will receive.

7. Name of Person Completing Application _____

   Telephone # _____

(Unless unable to, the Applicant should complete the application)

AFFIRMATION

I AFFIRM THAT THE INFORMATION PROVIDED **BY ME** IN THIS APPLICATION TO PARTICIPATE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

_____ _____

Signature Address

_____ _____

Printed Name Relationship to Applicant if signed by someone other than the applicant

_____

Date

AUTHORIZATION TO OBTAIN RECORDS

I HEREBY AUTHORIZE THE HOUSING AUTHORITY OF THE CITY OF CUMBERLAND TO OBTAIN ALL REQUIRED DOCUMENTATION TO VERIFY MY ELIGIBILITY.

_____ _____

Signature Date

FOR OFFICE USE ONLY

Check one:

_____ Approved for CHSP

_____ Not Approved for CHSP

_____ _____

Provider Signature Date