

Open: _____ Close: _____

County: _____ Case No.: _____

AGING SERVICES FOR THE UPPER CUMBERLANDS, INC.
LEGAL ASSISTANCE for SENIOR CITIZENS APPLICATION
(All information given will be confidential)

Attorney/Paralegal: Marie Ferran _____ Ben Kilgrow _____

Applicant's Last Name First Middle

Street Address Phone No.

City State Zip

Date of Birth Social Security No.

Age Sex Marital Status

Spouse Age Date of Birth

Address SSN:

INTAKE DETAILS

Severely-
Frail/Disabled _____ Disabled _____
Homebound _____ Institutionalized _____
Rural _____ Limited English _____
Isolated _____ Dementia _____

LIVING ARRANGEMENTS

Boarding/
Private Home _____ Home for Aged _____
Long-Term Care Facility _____
Other Public/Private Institution _____

If Medicaid recipient; Low Income; if not classify in accordance with table.

Low Income

100% Poverty Level

125% Poverty Level

Family Size	Monthly Income	Annual Income	Monthly Income	Annual Income
1	\$ 1,012	\$12,140	\$1,265	\$15,175
2	\$ 1,372	\$16,460	\$1,715	\$20,575
3	\$ 1,732	\$20,780	\$2,165	\$25,975
4	\$ 2,092	\$25,100	\$2,615	\$31,375
5	\$ 2,452	\$29,420	\$3,065	\$36,775
6	\$ 2,812	\$33,740	\$3,515	\$42,175
7	\$ 3,172	\$38,060	\$3,965	\$47,515
8	\$ 3,532	\$42,380	\$4,415	\$52,975

MAJOR SOURCE OF INCOME

Employment _____ Unemployment _____
Welfare/SSI _____ AFDC _____
Social Security _____ Other(specify) _____

CLIENT ETHNICITY

White Not of Hispanic Origin _____
Black Not of Hispanic Origin _____
Hispanic _____ Other _____

Low Income

Yes _____

125%

Yes _____

No _____

CASE NOTES

Adverse Party: _____

Total Hours: _____