



Client Application SCNOVA

Application Date: _____

Birth Date _____ **Start-Up Date** _____ **Inactive Date** _____

Name: _____

Street/Apt#: _____ **City/St/Zip:** _____

Phone: (H) _____ **Phone: (Cell)** _____ **Text? (Circle):** Yes No

Email: _____ **Gender (circle):** M /F /Unknown

Referred By: _____ **Congregation affiliation:** _____

Mobility: Cane__ Crutches__ Walker__ **Primary Language:** _____

Rider Impairment: (Hearing, Memory, Vision, Communication)

Covid Immunization Status: Yes__ No__ **Boosters:** Yes__ No__ **How many boosters?** _____

Medical Conditions/Comments:

Services Needed (circle one): Med Trans/ Companion Trans/ Friendly Caller/Friendly Visitor/Handy Helper

Are you a Veteran? Yes__ No__

Living Arrangements: Alone__ Spouse__ Family__ Friend__ Other__

The following questions are optional. Responses will be kept confidential and will only be reported as aggregate data as required by grantor agencies.

Annual Income: *Reporting on Income Levels will not affect your ability to receive service.

1Person household: Less than \$29,900 __ Less than \$49,850 __ Less than \$56,950 _ Less than \$63,000 __
Decline to Report__

2Person household: Less than \$34,200 __ Less than \$49,850 __ Less than \$56,950 _ Less than \$63,000 __
Less than \$72,000 __

More than \$63,000 __ More than \$72,000 __ Decline to Report__

Race/Ethnicity: Please answer both sections.

Select one: Hispanic or Latino__ Not Hispanic or Latino _

Select one: White/ Caucasian __ Black/African American__ American Indian or Alaskan Native: __
Asian__ Native Hawaiian & Other Pacific Islander__ Multiracial__ Other/Not Reported: __

Other Data by Household:

Female-Headed Household (single female is head of household): (circle one): yes no

Familial Status (households w children under age 18): (circle one): yes no

Disabled (you or another in the household having a physical or mental impairment that substantially limits one or more major life activities; hearing, visibility, mobility, chronic alcoholism, chronic mental illness, AIDS, mental disabilities- circle one): yes no

Elderly in the household (persons aged 50 or older - circle one): yes no

One or more unemployed persons in the household (seeking work >18 years old - circle one): yes no

Participate in TANF (Temporary Assistance to Needy Families - circle one): yes no

Emergency Contact: Name: _____

Relationship to Client: _____ **Email:** _____

Street: _____ **City/St/ Zip:** _____ **Phone:** _____

***Information Provided by:** _____ **Date:** _____

***Information Recorded by:** _____ **Date:** _____

Shepherd's Center of Northern Virginia, 541 Marshall Road, SW, Vienna, VA 22180 (703) 281-0538,
www.scnova.org