



900 W. University Drive
Ste. B4
Rochester, MI 48307
248-651-5010
office@nextsteps4seniors.com

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apartment/Unit #
City State Zip Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Are you a U.S. Citizen? YES NO

Are you married / single / widowed? (Circle One)

Do you or your spouse own a house? YES NO

Do you own or lease a car? YES NO If YES, \$ _____ Per Month

Do you have Long Term Care Insurance? YES NO

Are you currently receiving Veteran's Benefits? YES NO If YES, \$ _____ Per Month

Monthly Social Security: \$ _____ Monthly Pension: \$ _____

Monthly Disability: \$ _____ Other Income: \$ _____

Please list all assets in applicant's name:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

What type of assistance are you seeking from Next Steps 2 Life?

- Respite Stay Monthly Housing Grant
- One Time Housing Support Other _____

Please Provide Explanation:

Please check all activities that require assistance:

- Medication Assistance Toileting
- Transfers/Ambulation Dressing
- Showering/Bathing Escorting
- Meal Prep/Feeding Incontinence

POA/Guardian/Emergency Contact

Please list at least one person that we may contact if we are unable to contact applicant.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Please note: a current bank statement and a bank statement from 6 months ago needs to be included with application, as well as last year's Tax Returns.

Signature: _____ Date: _____