



**Welcome to  
University Settlement  
LEARN**

FREE \_\_\_\_  
SHIP \_\_\_\_  
NDA \_\_\_\_  
OAK \_\_\_\_  
STEHP \_\_\_\_

**Program:**

- \* HEART \* Meltzer
- \* Neighborhood Center
- \* Project Home \* Village View

**Date:**

<b>HH 1 Last Name:</b>		<b>First Name:</b>		<b>Social Security# (optional)</b>		<b>Gender:</b>	
<b>HH 2 Last Name:</b>		<b>First Name:</b>		<b>Social Security# (optional)</b>		<b>Gender:</b>	
Address:				<b>Apt#/Floor:</b>	<b>City &amp; State:</b>		<b>Zip Code:</b>
Phone #:		Cell #:		<b>Email:</b>			
<b>D.O.B. :</b>	Proof Submitted:	<b>Age:</b>	<b>Type of Health Insurance</b>		<b>Languages spoken:</b>	<b>Country of origin:</b>	
<b>Ethnicity:</b> Hispanic    Non-Hispanic		<b>Race:</b> African    African-American    Afro-Caribbean American-Indian    Caucasian    Asian    Mixed Race    Other				<b>Level of Education</b>	
<b>U.S. Citizen:</b> Y    N	<b>Marital Status:</b> Married    Divorced    Domestic Partner Separated    Widow    Never Married    Single		<b>Veteran Status:</b> Veteran    Spouse veteran Disabled Veteran				
<b>Emergency Contact:</b> Name:			<b>Relationship to you:</b>		<b>Phone #:</b> Cell #:		

Monthly Income Amount:	SSA /SSD	SSI	Pension	Un / Employment	Child Support	PA	SNAP	Annual Income
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If not receiving FS/PA, why have you not applied?

Housing Information:	Name of NYCHA Development	Rent Stabilized	Co-op	Private	Section 8	SCRIE or DRIE	Rent Control	Shelter	Number in household:
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**REQUEST FOR SERVICES /SITUATION:**

Presenting Problem:

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What activities did you enjoy before you turned 60 years old / former employment?

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What activities would you like to see here at LEARN?

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CONT.:

**Housing Cont:**

Rent Amount:\_\_\_\_\_ Tenant's share:\_\_\_\_\_ Subsidy share:\_\_\_\_\_

\*\*\* PLEASE STATE THE RELATIONSHIP OF THE FOLLOWING PERSONS TO THE HEAD OF HOUSEHOLD \*\*\*

NAME OF CHILDREN:	D.O.B.	GENDER	NAME OF CHILDREN	D.O.B.	GENDER
_____	_____	M F	_____	_____	M F
_____	_____	M F	_____	_____	M F
_____	_____	M F	_____	_____	M F
NAME OF OTHERS IN HOUSEHOLD:	D.O.B.		NAME OF OTHERS IN HOUSEHOLD:	D.O.B.	
_____	_____	M F	_____	_____	M F
_____	_____	M F	_____	_____	M F

**HOW DO THEY KNOW OF US:**

\_\_\_\_\_ SELF/REFERRAL, WORD OF MOUTH (WHO) \_\_\_\_\_

\_\_\_\_\_ OTHER SETTLEMENT PROGRAM (Program/Worker/Tel#): \_\_\_\_\_  
 (Do you suspect DV?) \_\_\_\_\_

\_\_\_\_\_ OUTSIDE AGENCY (agency, worker, tel#): \_\_\_\_\_  
 (Do you suspect DV?) \_\_\_\_\_

**University Settlement wants all seniors to be happy, active and connected:**

**Medical conditions**

**Healthy:**

How do you feel on a scale of:   
 Poor, Unwell, Unhappy 1 2 3 4 5 6 7 8 9 10 Excellent, Healthy, Strong

Do you have a primary medical provider?  Yes  No When was the last time you saw your primary doctor? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel#: \_\_\_\_\_ Do you attend therapy? \_\_\_\_\_

Do you have Visual impairment Hearing impairment or Mobility impairment? Do you use a wheel chair, walker, or cane?

**Independent:**

Is your apartment safe, affordable, and accessible? \_\_\_\_\_

Are you happy /comfortable with your living situation? Yes\_\_\_ No\_\_\_ Do you want help with daily activities? Yes\_\_\_ No\_\_\_

Do you manage your money? Yes No. If not, who does? (Family member) (Guardian) (Friend) (Power of Attorney) (Home Attendant)

**Connected:**

How do you spend your time? \_\_\_\_\_ Medications: name and doses \_\_\_\_\_

Do you do any of your activities with other people? \_\_\_\_\_

Do you have someone you talk to when there is a problem or emergency? \_\_\_\_\_

**Community:**

Are you a member of any community groups or volunteer projects? \_\_\_\_\_

Would you be interested in volunteering at University Settlement? \_\_\_\_\_