

CITY OF LOS ANGELES – DEPARTMENT OF AGING
CONFIDENTIAL INFORMATION
 Emergency Alert Response System (EARS)
Participant Eligibility Certification Form

Form A

Alarm No.	Multipurpose Senior Center	Date	
Assessment New * () Reassessment ** ()	Care Manager	Phone Number () ()	
Social Security No.	Date of Birth	Gender M/F	Primary Language
Last Name	First Name	MI	
Last Name (Spouse)	First Name	MI	
Address	City	Zip Code	
Phone Number ()			
Primary Emergency Contact Person Last Name:	First Name:	Relationship	Phone No(s).
Documents Used to Verify Address : i.e. utility bill, DMV, etc		Document Date(s)	
Ethnicity: ___ White ___ Black/African American (Black /AA) ___ Hispanic ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian & White ___ Black/AA & White ___ American Indian/Alaskan Native & White ___ Asian/Pacific Islander ___ Other Multi-Racial (specify) _____			

Number of Members in Household:		
Combined Sources of Annual Family Income Support (See Reverse side for detail):		
	Monthly	Annually
TANF (CSBG Eligible)	\$	\$
SSI (CSBG Eligible)		
Social Security		
General Assistance		
Veterans' Benefits		
Pension/Unemployment Insurance		
Other Sources		
Total Annual Family Income		\$

Applicant's Statement: I understand that this eligibility certification form is a legal document and certify that the information on this form is true to the best of my knowledge. I acknowledge that this information is subject to verification and that providing false information shall be grounds for termination from the program. My identifying information will be kept confidential.

APPLICANT'S SIGNATURE _____ **DATE** _____

PRINT NAME _____

AGENCY STAFF SIGNATURE _____ **DATE** _____

* Must be submitted with Subscriber Agreement and Good Faith Affidavit

** Must be submitted with Subscriber Agreement Update of Information form

(Rev. 6/03)