



Amigos de DASO Senior Program

845 N. Motel Blvd, Las Cruces, NM 88007

Phone: (575) 525-1911

Toll Free: 1 (800) 332-2121

www.go.DASO.org

Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Closest street intersection: _____
City State ZIP Code

Private House Apartment

Residence Type? Mobile Home Retirement Home Other (explain): _____

Phone: _____ Cell/Other Phone: I _____

Date of Birth: _____ Age: _____ Preferred Language: _____

Is Your Disability: Temporary or Permanent If temporary, please provide a medical release date: _____

Is Your Disability: (check **all** that apply) Mental Disability Hearing Impaired Mobility Impairment Bedridden Blind Other: _____

Reason applying for the program: _____

Emergency Contact Information

Emergency Contact #1

Name: _____ Relationship to Applicant: _____

Does Emergency contact have Durable Power of Attorney? Yes No

Emergency Contact #1 Phone Number: _____ Emergency Contact #1 Cell Phone: _____

Emergency Contact #1 Address: _____

Emergency Contact #2

Name: _____ Relationship to Applicant: _____

Does Emergency Contact #2 have Durable Power of Attorney? Yes No

Emergency Contact #2 Phone Number: _____ Emergency Contact #2 Cell Phone: _____

Emergency Contact #2 Address: _____

I hereby certify that all statements on this application are true and complete. I understand that my participation in this pilot program is voluntary. In any event that information on this application may change, you or your emergency must contact our office at 575-525-8835.

Signature: _____

TO BE COMPLETED BY DASO PERSONNEL

Approved: Yes No Reason for Denial: _____

Date Approved: _____ Date Denial Letter sent: _____

Approved Signature: _____ Denied Signature: _____

Assigned By: _____ Date Assigned: _____

Assigned Deputy: _____ Date of Initial visit: _____

Was Emergency Contact at initial visit? Yes No

Scheduled Day for visits: _____ Visits to begin: _____

Notes/Comments:

PILOT PROJECT