



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