CTSA Application Please Print Date _____ Male / Female Last Name: First Name: Mr. / Mrs. / Ms. Address Phone Zip Birthdate _____ Medi-Cal # _____ Emergency Contact #1 _____ Phone _____ Relationship _____ Emergency Contact #2 _____ Phone _____ Relationship _____ Can participant be left alone? Yes No **Mobility Aids Used:** Manual Wheelchair Electric Wheelchair Powered Scooter ____ Service Animal ____ Cane ____ Walker **Visual Impairment:** Moderate ___ Severe ___ Completely Impaired ___Yes ___No Hearing Impaired? Alzheimer Day Care Center? ___Yes ___No Does Client Require a Careprovider? ____Yes ____No Dialysis Patient? ___Yes ___No

If under 60 years of	f age please have your
Doctor complete th	e enclosed form.



CTSA Application Please Prin	CTSA	Application	Please Prin
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Date	Male / Female
Last Name:	
First Name: Mr. / Mrs. / Ms.	
Address	
Phone 2	
Birthdate	
Medi-Cal #	
Emergency Contact #1	
Phone Relati	ionship
Emergency Contact #2	
Phone Relati	ionship
Can participant be left alone	? Yes No
Mobility Aids Used: Ma	anual Wheelchair
Electric Wheelchair	
Service Animal Can	
Visual Impairment: Mo	oderate
Severe Completely	Impaired
Hearing Impaired?	YesNo
Alzheimer Day Care Center?	YesNo
Does Client Require a Careprovid	er?YesNo
Dialysis Patient?	YesNo

If under 60 years of age please have your Doctor complete the enclosed form.



CTSA Application Please Print

Date	_ Male / Female
Last Name:	
	Ms
Address	
Phone	Zip
Medi-Cal #	
	t #1
	Relationship
- ,	t #2
Phone	Relationship
Can participant be le	eft alone? Yes No
•	Manual Wheelchair
	air Powered Scooter
Service Animal	Cane Walker
Viewel Image iver ent.	Madayata
Visual Impairment: Severe Com	
Severe Con	ipietely impalied
Hearing Impaired?	YesNo
Alzheimer Day Care	Center?YesNo
Does Client Require a Ca	areprovider?YesNo
Dialysis Patient?	Yes No

If under 60 years of age please have your Doctor complete the enclosed form.



Please send completed application to:

Please send completed application to:

Please send completed application to:

CTSA Office 222 Minner Ave. Bakersfield, CA 93308 CTSA Office 222 Minner Ave. Bakersfield, CA 93308 CTSA Office 222 Minner Ave. Bakersfield, CA 93308

Be sure to enclose a note signed by your doctor or agency representative confirming your disability if under age 60.

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