



2008 CLIENT APPLICATION

TEAM LEADER	Org / Ref. #: TR: / BL: /
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CLIENT NAME

Address:

Zipcode: Phone:

Eligibility: 60 or over Disabled Both Client's Age:

Housing: Homeowner Renter # in Household:

Referred by:

BLITZ Appointment	<input checked="" type="checkbox"/> Check	Job Status	<input checked="" type="checkbox"/> Check	Notes
Nov. 1		Completed		
Nov. 8		Cancelled		
Nov. 15		Not Home		
Other:		Waiting List		
Rescheduled Date:		Reschedule		

of Windows: Previous Client: yes or no

Volunteer helpers / who: Media: yes or no

Stepladder: needed or available Wheelchair accessible: yes or no

SPECIAL INSTRUCTIONS Schedule as 1st appointment

NOTES (For Office Use Only)

Cancelled from: / Reschedule to: / By: On: / Updated binders

Refer to First Line Wx Program Overqualified for First Line Wx Program

FL app sent: / /

Copies: Original-Office / Team / FEG