



South River Office On Aging

55 Reid Street, South River, NJ 08882
Phone: (732) 257-2340 Fax: (732) 390-3470
www.southrivernj.org
srseiors@southrivernj.org

OFFICE ON AGING USE ONLY

DATE RECEIVED _____

_____ APPROVED

_____ DENIED

DATE OF SERVICE _____

MATERIALS NEEDED _____

HOUSEHOLD "FIX IT" PROGRAM APPLICATION

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____

Date of Birth: _____

Race: (Circle) Black Hispanic Asian American Indian White Other (write in) _____

Do you live alone? (Circle) Yes / No

Are you frail and/or disabled? (Circle) Yes / No

If yes, please briefly explain:

Are you a current beneficiary of PAAD, Medicaid or Food Stamps? (Circle) Yes / No

If yes, please list current benefit programs:

Are you a veteran? Yes _____ No _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address: _____ Home Address: _____

Home Phone #: _____ Home Phone #: _____

Do you own your home? (Circle) Yes / No

If no, has the owner granted permission to perform services or repairs? (Circle) Yes / No Initial _____

PET INFORMATION:

Dogs? (Circle) Yes / No

If yes, how many and what breeds? _____

Cats? (Circle) Yes / No

If yes, how many? _____

SERVICE REQUESTED:

LIABILITY RELEASE:

In consideration of my participation in the "Household Fix It Program," the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Borough of South River and their respective employees, officers and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the "Household Fix It Program." I further understand that I am acknowledging and assuming any risk associated with my participation in the "Household Fix It Program." The undersigned acknowledges and agrees that the undersigned's participation in the "Household Fix It Program" is voluntary and that said Program is being offered only as a courtesy. I also understand and agree that the "Household Fix It Program" is not intended in any way whatsoever to create or impose a special duty on the Borough of South River and their respective employees, officers and attorneys regarding the undersigned's safety or well-being.

Primary Program Participant (PRINT NAME)

Secondary Program Participant (PRINT NAME)

Primary Program Participant (SIGNATURE)

Secondary Program Participant (SIGNATURE)

Date

Date

PLEASE RETURN COMPLETED APPLICATION TO:

**SOUTH RIVER OFFICE ON AGING
HUMAN SERVICES BUILDING
55 REID STREET
SOUTH RIVER, NJ 08882**

INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED