

Section F. Independent Activities of Daily Living

Can you answer the telephone or make a phone call without help? Yes No	Can you do heavy house cleaning, like yard work and laundry, without any help? Yes No
Can you shop for food and other things you need without help? Yes No	Can you take your medications without help? Yes No
Can you prepare meals for yourself without help? Yes No	Can you handle your own money, like keeping track of bills without help? Yes No
Can you do light housekeeping, like dusting or sweeping, without help? Yes No	Can you use public transportation or drive beyond walking distances without help? Yes No

Section G. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.
My signature (written or typed) indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____