



CARE Chest of Sierra Nevada

7910 North Virginia St.
Reno, NV 89506
Phone: 775-829-2273
Fax: 775-829-8745
www.carechest.org

Horario: Lunes-viernes 9am-5pm

Requisitos incluidos:

- La solicitud de servicios
- Formulario de autorización (**firmado por el solicitante**)
- Formulario de verificación de ingresos

También, se requiere:

- Identificación
- Comprobante de ingresos
- Comprobante de domicilio

Gracias,

CARE Chest

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Solicitud de servicios

Nombre: _____ Apellido: _____

#Seguro Social: _____ - _____ - _____ Fecha de nacimiento ____/____/____

Sexo: M/F Tiempo en NV: _____

Raza (escoja una): Asiático/Negro/Blanco/Hispano/Americano Nativo/Otro

Seguro médico (escoja todas pertinentes): Ninguna/Medicare/ Medicaid/Privado/Otro: _____

Condición(es) médicas: _____

Doctor/clínica: _____

Dirección de cliente: _____ Ciudad : _____ Estado: _____

Código Postal: _____ Teléfono: _____ Email: _____

de personas en familia: _____ # de adultos : _____ ¿Es Ud. jefe de familia? Sí/No

¿Veterano? Sí/No ¿Le interesa el programa gratis de salud y bienestar ofrecido por CARE Chest? Sí/No

Nombre de persona de contacto: _____

Teléfono de contacto: _____ ¿Relación con usted? _____

¿Cómo supo Ud. de CARE Chest? _____

¿Trabaja?: Sí/No Empresa: _____

¿Si no tiene trabajo, es Ud. (escoja uno) jubilado/incapacitado?

Ingresos mensuales de casa (incluso los beneficios del Seguro Social, pensiones, etc.) _____

Servicios solicitados de CARE Chest: _____

*Para completar el proceso, favor de referirse al documento titulado **Documentos Requeridos***

Expenses (Solamente para uso de CARE Chest)

Rent/Mtg _____ Utilities _____ Transportation _____ Medical Expenses _____

Child Care _____ Food & Clothing _____ Credit Payments _____ Other _____

Total Expenses \$ _____ Amount Left \$ _____



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RELEASE AGREEMENT

It is understood that the equipment received is the property of CARE Chest of Sierra Nevada and is loaned at no cost to the patient for his/her comfort and use; this loan is subject to the following conditions:

- 1) The undersigned acknowledges that the information on this form is true and correct to the best of his/her knowledge and that all guidelines for CARE Chest's program qualifications have been met. The undersigned agrees to notify CARE Chest of Sierra Nevada of any change in status from that indicated on this form.
- 2) The undersigned acknowledges that the equipment, supplies and services received have been used/may have been altered and hereby acknowledges receipt of same.
- 3) In consideration for the use of the equipment received, the undersigned on behalf of himself, his spouse, legal representatives, heirs and assigns, hereby releases, waives and discharges CARE Chest of Sierra Nevada, its members, directors, officers and employees (hereinafter referred to as "Releasees") from all liability to the undersigned, undersigned's spouse, legal representatives, heirs and assigns for any and all loss or damage, and any claim or damages resulting there from, on account of injury to the undersigned or the undersigned's property, including but not limited to, injury resulting in death of the undersigned, whether caused by the negligence of Releasees or otherwise, resulting from the use of the equipment received. The undersigned agrees to indemnify the Releasees and each of them from any loss, liability, damage or costs (including attorneys' fees) that they may incur due to the loaning of the equipment received. The undersigned assumes full responsibility for the risk of bodily injury, death or property damage from the use of the equipment received. The undersigned agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Nevada, and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.
- 4) The undersigned hereby agrees to be responsible for the equipment received; if said equipment is misused, damaged or destroyed while in the patient's possession, the undersigned will take full responsibility for the reasonable cost of repairs or replacement.
- 5) The undersigned may borrow the equipment for as long as needed and agrees to return equipment promptly, in the same condition as received (except for normal and reasonable wear), as soon as the need no longer exists. The undersigned further agrees to return the equipment in clean condition.
- 6) Yes _____ No _____ The undersigned hereby grants permission to CARE Chest of Sierra Nevada to release the patient's name and/or any relevant case information (which may include writings, photos, and/or biographical data) for the purpose of public education and awareness, promotion of services, solicitation of contributions, and/or any other constructive purpose in the furtherance of the objectives and purpose of CARE Chest of Sierra Nevada.

INDEPENDENT LIVING PROGRAM:

7) Yes _____ No _____ N/A _____ I understand that by signing this authorization I give CARE Chest of Sierra Nevada permission to share my personal information and transfer information electronically, via fax or email; with any and all contractors, vendors and companies involved with providing services associated with my Independent Living application and plan of service.

_____/_____
PATIENT SIGNATURE** / Date

Or designated responsible party, such as **Power of Attorney or Legal Guardian (must provide documentation if client is over 18 years of age)

Print Name: _____ Phone: _____ DOB: _____ SSN: _____



CARE Chest
of Sierra Nevada

Verificación de Ingresos

Esto es para certificar que mi/nuestros ingreso(s) totales son \$_____, que incluyen cualquier beneficios o asistencia y provee a una familia de _____. Al mejor de mi conocimiento, la declaracion antes mencionada es verdadera y correcta.

Firma: _____

Nombre: _____

Fecha: _____

Nota: Si sus ingresos son cero, ponga \$0.00 en la linea de arriba