



WELLS COUNTY COUNCIL ON AGING

Homemaker Application

Contact Information:

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Birth Date	

Mobility Information:

Wheelchair Walker Cane

Emergency Contact Information (Name and Phone Number):

Any health issues we should be aware of:

Signature:

Signature	
Date	

Our Policy:

It is the policy of the Wells County Council on Aging to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.