

**HARVEST YEARS SENIOR CENTER**

30 SOUTH STREET, CAMDEN, DE. 19934

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**SHOPPING SERVICE APPLICATION**

Date: \_\_\_\_\_

Name \_\_\_\_\_ SEX: M F

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

City State Zip

Date of Birth: \_\_\_\_\_ Marital Status: S M W

Household composition : Live Alone Spouse Children

Live with Other YES NO AGE

Have Your Own Transportation: YES NO

Emergency Contact : Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship \_\_\_\_\_

Local Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

How often would you need the shopping service? Weekly

Every other Week Every Third Week Monthly

How do you get groceries now? \_\_\_\_\_

Grocery Store Preference: \_\_\_\_\_

Need for the shopping Service: Permanent Temporary

Major Health Conditions \_\_\_\_\_

Mobility: Full Partial Cane/Walker Scooter/Wheelchair

Vision: Adequate Partial Blind

Hearing: Adequate Partial Deaf

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Who is your present driver \_\_\_\_\_

Please complete and return to above address. A shopper will be assigned to you if you do not have one. The Shopper will call you and set up a shopping schedule.