



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
**Department of Human Services**

Division of Senior Citizen Affairs- Information and Referral Services

**SENIOR IDENTIFICATION APPLICATION**

NAME \_\_\_\_\_  
Last First Initial

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ADDRESS: (PHYSICAL) \_\_\_\_\_

(MAILING) \_\_\_\_\_

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

CITIZENSHIP STATUS: A. Alien\_\_ B. U.S. Citizen\_\_ C. Resident Alien (Green Card) \_\_\_\_

ETHNICITY: A. Black\_\_ B. Caucasian\_\_ C. Hispanic\_\_ D. Other\_\_

MARTIAL STATUS: Married\_\_ Single\_\_ Divorced\_\_ Widowed\_\_ Separated\_\_

NAME OF SPOUSE / CONTACT PERSON: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYMENT STATUS:

A. Unemployed\_\_ B. Part-time employment\_\_ C. Retired\_\_ D. Full-time employment\_\_

E. Are you interested in Employment? Yes\_\_ No\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

What is the state of your health? Fair\_\_ Good\_\_ Excellent\_\_ Average\_\_ Poor\_\_

Do you have any ailments? \_\_\_\_\_

Do you have difficulties taking care of yourself? Yes\_\_ No\_\_

If yes, what are those difficulties? \_\_\_\_\_

Please list medications that you are currently taking? \_\_\_\_\_

\_\_\_\_\_

What are your food/drug allergies? \_\_\_\_\_

SERVICES RECEIVED/ NEEDED:

Mental Health Services\_\_ Home Delivered Meals\_\_ Homemaker Services\_\_

Home Health Care\_\_ Income Maintenance\_\_ Adult Protective Services\_\_ Housing\_\_

Educational (U. V. I.)\_\_ Medical Assistance\_\_ Social Security\_\_ Food Stamps\_\_