

**Arizona Chapter of the American Parkinson Disease Association
Application**

The Arizona Chapter of the American Parkinson Disease Association (AZ-APDA) subsidizes programs for Parkinson's patients who are dues paying members of AZ-APDA and their families throughout Arizona. By providing the information requested below we are able to help you with these programs. Please check the program you are interested in.

Caregiver Holiday **ResponseLink** **Adult Day Care**

We respect your privacy and will never share your personal information with third parties other than indicated on this form. Please fax completed form to 520-326-8591 or mail to:

**AZ Chapter of the American Parkinson Disease Association
2033 E. Speedway Blvd., Suite 203
Tucson, AZ 85719
520-326-5400**

Client/Caregiver Information

Client Full Name: _____

Telephone: _____

Spouse/Caregiver name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip _____

What County do you live in? _____

Major cross streets: _____

Directions: _____

Client Information:

Male _____ Female _____ Number in household _____ Age: _____

\$ _____ Monthly Income \$ _____ Approximate Savings

Please describe any special financial circumstances affecting your ability to pay a fair share of costs in the space below.

Primary Physician: _____ **Telephone:** _____

Neurologist: _____ **Telephone:** _____

What type of assistance do you require? (Please check all that apply.)

Standing Walking Eating Toileting Speaking Other

If you answered "other" above, please indicate type of assistance required in the space below.

What is your primary language? _____

What is your marital status? Married Single Divorced Widow

Client Consent: I understand and agree that to participate in the subsidy program AZ-APDA may need to release information found on this application to one of the Agencies it contracts with to provide these services.

Share of Costs for Services: I understand that AZ-APDA contracts with local agencies to provide the services above.

Release of Liability: I understand that AZ-APDA assumes no liability or obligation for the services or failure of services provided by the agencies we contract with, whether direct or indirect.

Client Signature

Date