

*H. Louis Lake Senior Center*  
11300 Stanford Ave. Garden Grove, CA 92840  
Tel: (714) 741-5253 Fax: (714) 741-5246

APPLICATION FOR GARDEN GROVE  
SENIOR MOBILITY PROGRAM

1. PERSONAL INFORMATION – Please print clearly

Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Language: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street Apt. # City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from above)

\_\_\_\_\_  
Number Street Apt. # City State Zip

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

2. MOBILITY INFORMATION

What is your disability? \_\_\_\_\_

Which of the following mobility aids or equipment do you use?

Power wheelchair \_\_\_\_\_ Manual wheelchair \_\_\_\_\_ Scooter \_\_\_\_\_ Crutches \_\_\_\_\_

Cane \_\_\_\_\_ Walker \_\_\_\_\_ Oxygen Tank \_\_\_\_\_ Service Animal \_\_\_\_\_ Other \_\_\_\_\_

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

You must bring your copied valid identification and this completed application to your appointment.