



SCS HOME Program Technology Services Registration Form

SCS HOME Program
111800 Town Center Dr. #200
St. Michael, MN 55376
Tech Support: (952) 888-5530

Info marked with an asterisk (*) is required if applicable. Please provide other info as appropriate.

*Today's Date _____ *How did you hear about us? _____

*First Name _____ MI _____ *Last Name _____ *Sex: M F Unspecified *D.O.B. _____

*Address _____ *Apt/Unit _____ *City _____ *Zip _____

*Home Phone # _____ *Cell Phone # _____
*(Please provide **one or both** phone numbers and check the box of your preferred contact number.)*

Email _____ *Housing (✓all that apply): Rent Own Apt-Condo House-Twnhs

*Race (✓one): White Black/African Amer Amer Ind/Alaskan Native Asian Native Hawaiiin/Other Pacific Islander Other

*Ethnicity (✓one): Hispanic or Latino Non-Hispanic

*Physically Disabled: Y N Explain: _____ *Veteran: Y N

*Spouse _____ *Sex: M F Unspecified *D.O.B. _____

Home Phone _____ Cell Phone _____ *(check preferred #)*

Email _____ Housing (✓all that apply): Rent Own Apt-Condo House-Twnhs

*Race (✓one): White Black/African Amer Amer Ind/Alaskan Native Asian Native Hawaiiin/Other Pacific Islander Other

*Ethnicity (✓one): Hispanic or Latino Non-Hispanic

*Physically Disabled: Y N Explain: _____ *Veteran: Y N

*Other in Household _____ *Sex: M F Unspecified *D.O.B. _____

Home Phone _____ Cell Phone _____ *(check preferred #)*

Email _____ Housing (✓all that apply): Rent Own Apt-Condo House-Twnhs

*Race (✓one): White Black/African Amer Amer Ind/Alaskan Native Asian Native Hawaiiin/Other Pacific Islander Other

*Ethnicity (✓one): Hispanic or Latino Non-Hispanic

*Physically Disabled: Y N Explain: _____ *Veteran: Y N

*Please select the appropriate total combined monthly income range for all in your household.

<u>One-person household:</u>		<u>Two-person or more household:</u>	
\$0-\$1300	\$3901-\$5200	\$0-\$1750	\$5251-\$7000
\$1300-\$2600	\$5201-\$6000	\$1751-\$3500	\$7001-\$8000
\$2601-\$3900	\$6001+	\$3501-\$5250	\$8001+

Please note: To be eligible to receive any other SCS services beyond technology assistance, additional documentation is required. Please contact SCS at 952-746-4046 to inquire if our other services are available in your area and to submit further paperwork.

I certify that the information provided on this form is accurate and complete. I authorize Senior Community Services to verify this information, if necessary, and to provide this form to governmental entities as a condition of funding they provided to this agency.

*Signature _____ *Date _____