The Senior Connection

Request for Assistance

Title	First Name	M.I.	Last Name

Address	City	State	Zip Code

Home Phone	Cell Phone	E-mail Address

Date of Birth	Ethnicity	Gender Male __ Female __

Optional Information:
Religious Affiliation:______________________
Denomination: _________________________
Congregation: _________________________ Active __ Inactive __

For Office Use:
ID #__________
Date Request Received:______

EMERGENCY CONTACT INFORMATION (Required)

Name: _________________________________ Relationship____________________________

Address _________________________________
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____
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Home Phone _____________________
Office Phone _____________________
Cell Phone _____________________
Email Address _____________________

TYPE OF REQUEST

__ Transportation to Medical Appointments
__ Other Transportation
__ Shopping / Errand Assistance
__ Companion Shopper
__ Telephone Reassurance
__ Help with Reading / Writing
__ Friendly Visitation
__ Bill Paying or Assistance with Forms
__ Language Assistance
__ Respite Care
__ Chores / Yard Work
__ Other:__________________________

SPECIAL NEEDS

__ Use a Cane
__ Use a Walker
__ Have an Oxygen Tank
__ Hearing Loss
__ Speech Impairment
__ Help with Reading / Writing
__ Visually Impaired: cataract
__ Visually Impaired: macular degeneration
__ Visually Impaired: glaucoma
__ Visually Impaired: totally blind
__ Chores / Yard Work
__ Other Disability: __________________