



Date of Application: \_\_\_\_\_

## Eldercare Program Application

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Or check age range, if preferred: 65-74 75-84 85+)

Are you (the applicant) a member of the Northwest Danish Association?  Yes  No

### How can we help? Please check those that apply.

- Minor home repairs
- Housecleaning
- Yard work
- Amplified telephone
- Transportation (to medical appointments, NWDA events)
- Medical (equipment\*, Lifeline, etc.)
- Other\*

\*Please explain:

Reason for making request: \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

### Additional Relevant Information: (Please use reverse side or additional paper, if needed)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by (if different than name above): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Eldercare Representative: \_\_\_\_\_