



Date of Application: _____

Eldercare Program Application

Name: _____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail: _____

Date of Birth: _____ (Or check age range: 65-74 75-84 85+)

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

What assistance do you want us to consider? Please check those that apply.

- Minor home repairs
- Housecleaning
- Yard work
- Amplified telephone
- Transportation (to medical appointments, NWDA events)
- Medical (equipment such as alert systems, walker, cane, 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: _____

For Committee Use Only:

Signature of Eldercare Representative: _____