

FRIENDS OF CALVERT COUNTY SENIORS, INC.
APPLICATION FOR ASSISTANCE



Call the Office on Aging for assistance in filling out this application, 410-535-4606

Name: _____ Date: _____

Address: _____ Phone: _____

Date of Birth: _____ Age: _____

Live Alone Live with Spouse Live with Others

Local Contact Person: _____

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Hispanic

Income/Assets: (Include individual and spouse)
 Social Security/SSI/Disability _____
 Pensions/Retirement _____
 Rental Income _____
 Savings/Investments _____
 Other _____

Insurance: (Check all eligible)
 Medicare: _____
 Medical Assistance: _____
 Other: _____

Physician: _____

Have you ever been assessed by or received services from any of the following agencies? If so, please list the type of services you received.

Department of Social Services Yes No Date: _____
 Type: _____

Adult Evaluation Review Services (Health Dept) Yes No Date: _____
 Type: _____

Office on Aging Yes No Date: _____
 Type: _____

Other Yes No Date: _____
 Type: _____

Please describe the type of assistance you are requesting, including the reason for the request, and any other sources through which you have requested assistance and/or have received assistance.

Amount requested: _____

Business or organization check will be made out to: _____

Who referred you to Friends of Calvert County Seniors?

I, the undersigned, submit this application for assistance from the Friends of Calvert County Seniors, Inc. and my signature verifies that the information contained within is accurate and complete.

Signature: _____ **Date:** _____

Please return application to:

Friends of Calvert County Seniors, Inc.
P.O. Box 925
Prince Frederick, MD 20678

OOA Social Service Staff that reviewed application: _____

For FFCS Use Only

Emergency

Non-Emergency

Date received: _____ **Received by:** _____

Action Taken:

Approved

Denied

Amount Paid: _____ **Check #:** _____

Other Action: _____

Authorized Signature _____

Date: _____