



Senior Care Outreach

10397 N Hualapai Dr.

Casa Grande, Arizona 85122

Phone: 602.707.7300

Website: www.seniorcareoutreach.org

Financial Assistance Application

Senior Care Outreach: Sponsoring non-medical in-home care, enabling seniors to live safely and with dignity in the comfort of their own homes.

Our Mission: To provide compassionate, non-medical in-home care to seniors in need, empowering them to maintain their independence while ensuring their safety and well-being.

1. Applicant Information (The Senior)

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Primary Address:** _____
- **City/State/Zip:** _____
- **Phone Number:** _____
- **Living Situation:**
 - Lives Alone
 - Lives with Spouse/Partner
 - Lives with Adult Children/Relative
 - Other _____

2. Contact Person (If different from Applicant)

- **Name:** _____ **Relationship:** _____
- **Phone:** _____ **Email:** _____

3. Medical & Care Needs

- **Primary Diagnosis/Reason for Care:** _____
- **Requested Services (Check all that apply):**
 - Meal Preparation
 - Light Housekeeping

- Companionship/Check-ins
- Transportation (Groceries/Appointments)
- Medication Reminders

- **Current Number of Care Hours Needed per Week:** _____

4. Financial Eligibility

To qualify for assistance, we require a brief overview of household income. All information is kept strictly confidential.

- **Total Monthly Household Income:** \$_____
 - *(Include Social Security, Pensions, Disability, etc.)*
- **Total Monthly Expenses:** \$_____
 - *(Rent/Mortgage, Utilities, Medical Bills, Insurance)*
- **Are you currently receiving Medicaid (ALTCS)?** Yes No
- **Do you have Long-Term Care Insurance?** Yes No
- **Do you receive any other financial support?** Yes No

5. Personal Statement

Please briefly describe how this financial aid would impact your quality of life:

6. Required Documentation

Please attach copies of the following to your application:

1. **Proof of Income** (Recent bank statement or Social Security award letter).
2. **Photo ID** (Driver's license or State ID).

7. Certification & Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that Senior Care Outreach may verify this information to determine eligibility.

Signature: _____ **Date:** _____

Internal Use Only

- **Date Received:** ____ / ____ / _____
- **Review Status:** Approved Pending Denied
- **Assigned Case Worker:** _____