



Elder Advocacy & Care
FOUNDATION
*Relentlessly Advocating for the
Care and Safety of Seniors*

Request for Assistance Application

Name: _____

Date of Birth: _____ Age: _____

Phone: _____

Email: _____

Address: _____

Where are you currently living?

Private Home - Rental Private Home - Owner Apartment

Assisted Living Nursing/Rehab Facility With Family

How much are you currently paying for rent or mortgage? _____

Do you feel safe where you live? Yes No

If no, please explain: _____

Please describe the type of assistance you need and why: _____

Have you received assistance from another organization? Yes No

Name: _____

Date(s) received: _____

Type of assistance: _____

Is this situation urgent? Yes No

If yes, please explain: _____

Do you have someone as your Power of Attorney? Yes No

Name: _____

Phone: _____

email: _____

Additional Trusted Contact (optional):

Name and Relationship: _____

Phone: _____

Consent & Authorization

I understand the Elder Advocacy & Care Foundation provides advocacy and support, not medical or legal services.

I further understand that if financial aid is requested, Elder Advocacy & Care Foundation will require verification of income and assets.

Signature: _____

Printed Name: _____

Date: _____

Please email your completed form to info@elderadvocacycare.org