



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

Request for Assistance Application

Name of person to receive assistance: _____

Date of Birth: _____ Age: _____

Phone: _____

Email: _____

Address: _____

Where are you currently living?

- Private Home Apartment Assisted Living
 Nursing Facility With Family

Do you feel safe where you live?

Yes No Unsure

Please explain: _____

Please describe the reason you are requesting assistance:

Have you received assistance from another organization?

Name: _____

Date(s) received: _____

Please describe: _____

Is this situation urgent? Yes No Unsure

If yes, please explain: _____

Do you have someone as your Power of Attorney?

Yes No

Name: _____

Phone: _____

email: _____

Trusted Contact (optional):

Name: _____

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 the completed form to
info@elderadvocacycare.org**