

# REQUEST ASSISTANCE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

## Best Way to Contact Me

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Senior Center I attend or is closest to me: \_\_\_\_\_

## Assistance Requested in:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Legal Services             | <input type="checkbox"/> Senior Discount Program           |                                |
| <input type="checkbox"/> Telephone Assurance        | <input type="checkbox"/> Senior Citizen Medication Program |                                |
| <input type="checkbox"/> AARP Driver Safety Program | <input type="checkbox"/> Community Action Partnership      |                                |
| <input type="checkbox"/> Food Resources             | <input type="checkbox"/> Medicare Assistance               |                                |
| <input type="checkbox"/> Social Security Help       | <input type="checkbox"/> Tax Preparation                   | <input type="checkbox"/> Other |

Detailed Comments for Assistance Needed:

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