

ELDERLY ASSISTANCE REQUEST

CLIENT NAME:

ADDRESS:

PHONE:

DATE OF REQUEST:

I _____ request assistance from the Elderly Assistance Board. I am stating that my finances are limited and I am at least 65 years of age or disabled. I have been a resident of Vernon, Vermont for over 1 year. I am willing to accept assistance from available local agencies first and from volunteers as needed. I understand that my request is confidential and will only be shared with the EAB members and necessary agencies or volunteers.

My request is: (please be specific)

Client Signature:

DO NOT WRITE BELOW THIS LINE

Contractor:

DO NOT WRITE BELOW THIS LINE

Date received: _____

Approved/Disapproved by EAB on _____