



1. Applicant Information Full Name: _____

Age: _____

Phone Number: _____

Email (if available): _____

Address: _____

Preferred Contact Method: Phone ☐ Text ☐ Email ☐ Mail ☐

2. Emergency Contact Name: _____

Phone Number: _____

Relationship to You: _____

3. Technology & Safety Needs Please check all that apply:

- ☐ Help setting up or using Alexa/Voice assistant
☐ Medication, appointment, or task reminders
☐ Fall detection or emergency alert systems
☐ Hearing assistance or captioned phones
☐ Smart lights or thermostats
☐ Home security (cameras, smart locks, etc.) ☐ Help with using a smartphone or tablet

Other (please describe): _____

4. Financial Information (Optional) Fixed income or government assistance?

- ☐ Yes ☐ No ☐ Prefer not to say ☐

Benefits you receive:

- ☐ Social Security
☐ SSI/SSDI
☐ Senior care
☐ Medi-Cal / Medicaid
☐ SNAP (Food Stamps)
☐ Low-Income Energy Assistance
☐ None of the above

Monthly Household Income: \$ _____

Number of People in Household: _____

Would you like to be considered for financial assistance? Yes ☐ No ☐ Maybe / Need more info ☐

5. Additional Comments _____

6. Signature I certify that the information provided is true to the best of my knowledge and understand that this application is for financial assistance and may help determine my eligibility. Applicant Signature: _____ Date: _____

Staff Use Only –

Approval Status: _____

Approved for Free Services

Approved for Discounted Rate

Referred for Other Assistance