



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