



# Hanover-Ashland TRIAD

## Adopt-A-Senior Application

Referral Date: \_\_\_\_\_ Date \_\_\_\_\_  
(Record notes on back of form)

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Detailed Directions to Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Referral Source: \_\_\_\_\_

Agency/ Relationship to Applicant: \_\_\_\_\_

Referral Source Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_

Describe Need For Adopt-A-Senior Visits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Medical Problems: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List Service Agencies Currently Involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons to contact in case of emergency:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I wish to apply for regular visitations by a local Adopt-a-Senior Officer:

Signed: \_\_\_\_\_ / \_\_\_\_\_  
Applicant Date