Request for JCOA Services

Date: _____

Services Requested by: _____ ☐ self ☐ case mgr / prof ☐ family ☐ other

Phone # _____ _____

Services Requested for:

(Client Name) _____ **Age** _____ **DOB** _____ **Last 4 of SS#** - _____

Address _____

City zip

Phone # (primary) _____ **Phone # (secondary)** _____

Assessment contact: ☐ client ☐ other **Other name:** _____ _____ **relationship**

Phone # (primary) _____ **Phone # (secondary)** _____

Services Requested:

- ☐ Home Delivered Meals (homebound & no one resides in home capable of meal prep)
- ☐ Congregate Meals ☐ Referred to Senior Center for Assessment
- ☐ Transportation to Senior Center ☐ Assess at home (cannot get to senior center) ☐ Socialization
- ☐ Personal Care (client needs assistance with bath, no paid help, & no home health)
- ☐ Homemaker (client cannot clean, no paid help, & no one resides in home capable of cleaning)
- ☐ JCOA Cares
- ☐ Private Pay (while on waiting list)

National Family Caregiver Support Program (caregiver information required)

- ☐ Material Aid ☐ Incontinence supplies ☐ Nutritional supplement
- ☐ Respite (In-Home) (caregiver must reside with care recipient)
- ☐ Adult Day Healthcare ☐ Greenwalt (Eastbank) ☐ (Westbank)

Caregiver Name _____ **DOB** _____ **SS#** - _____

Address _____

City Zip

Phone # (primary) _____ **Phone #** (secondary) _____

Notes:

To begin processing this service request: 1. Rename file using the client name, 2. Save the file, 3. Submit by Email to adrc@jcoa.net

☑ ***You certify that any submission made on behalf of another party is done so with their full knowledge and permission. Incomplete requests will be rejected and submissions are not considered processed until follow-up contact has been established by ADRC staff.***

For all other questions or to obtain assistance with senior employment, utilities, senior centers, legal services, medical alert, prescription drugs, Medicare, Medicaid, Health Insurance, or other benefits contact the Aging & Disability Resource Center (ADRC) at (504) 207-4690.