



ELDER FINANCIAL SAFETY CENTER

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Gender: _____ Race: _____

Are you a Veteran? _____ Branch of Service: _____

Primary Reason for Contacting Us- Please Mark All That Apply

| | |
|-----------------------------------------------------|-----------------------------------------------------|
| <u>I need help paying a utility or gas bill</u> | <u>I need help exploring my insurance options</u> |
| <u>I need help with benefits like SNAP</u> | <u>I need help with my credits cards & debt</u> |
| <u>I need help with my job search</u> | <u>I need help to get food or prescriptions</u> |
| <u>I need help organizing & paying my bills</u> | <u>I need help with retirement planning</u> |
| <u>I need help with my budget</u> | <u>I need help for a loved one</u> |
| <u>I need help I'm the victim of a scam</u> | <u>Other</u> |

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

For Staff Use Only

_____ *Received by* *Date* *Time*