

## Senior Sight Outreach Program Referral Application

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### Applicant's Information

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ US Citizen: yes \_\_\_\_ no \_\_\_\_ DRIP GOS SSO Doc

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Have you previously received help from PBT? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Do You Have: Private Health Insurance? Medicare? Medicaid? Other Public Health Assistance? (circle all that apply)

Have you contacted any other organization for assistance? \_\_\_\_\_ If so, specify \_\_\_\_\_

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### Household's Information

List All Family Members Living in the Household (include age and relationship to applicant)


#### Monthly Household Income

Applicant's Take-home Pay	\$
Spouse's Take-Home Pay	\$
Parent/Guardian's Take-Home Pay	\$
Social Security Benefits	\$
Disability Benefits	\$
Retirement/Pension Benefits	\$
Veteran's Benefits	\$
Unemployment Benefits	\$
Federal or State Public Assistance	\$
Child Support/Alimony	\$
Food Stamps	\$
Other Income	\$
<b>Total Monthly Income</b>	<b>\$</b>

#### Average Monthly Household Expenses

Rent/Mortgage	\$
Food	\$
Utilities	\$
Telephone/Cell Phone	\$
Medical Expenses	\$
Car/Transportation	\$
Insurance: Medical	\$
Home	\$
Life	\$
Credit Card Payments	\$
Child Care	\$
Other Expenses	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

# Senior Sight Outreach Program

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## Referring Agency Information

Please tell us why your client is applying for assistance through PBT. Have you contacted any other organization to provide assistance for this applicant? If so, specify. Explain any unusual financial situation or other circumstance that might be helpful in reviewing this application. Attach an additional sheet if necessary.

I certify that the information given is true and accurate to the best of my knowledge.

I have verified the applicant's information and believe the applicant to be eligible for assistance.

\_\_\_\_\_  
Signature of Applicant    Date

\_\_\_\_\_  
Signature of Agency Representative    Date