

Date of request:		Funds needed by:	
Applicant: <i>(must be at least 65 years old and experiencing economic need)</i>		Date of birth:	
Address: <i>(must be in Hancock County, Maine)</i>			
City/Town:		Zip Code:	
Telephone:		Email Address:	
Amount requested: _____ (max: \$250) to meet the following needs:			
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Maintenance of Activities of Daily Living <input type="checkbox"/> Home improvements <input type="checkbox"/> Physical/occupational/speech therapy <input type="checkbox"/> Other			
Describe the request and the need that will be addressed.			
Describe how the request will help to improve quality of life and support independent functioning.			
Person completing form:		Phone:	
Relationship to applicant:			
Referring organization / agency (if applicable):			
Organization / Agency contact:		Phone:	
Signature of applicant (verifying accuracy of information contained in this application):			

Please return to: Elsie Flemings, 140 State Street, Suite 1, Ellsworth, Maine, 04605
or by email: elsie@healthyacadia.org