



Community Reach
of Montgomery County

1010 Grandin Ave., Ste. A-1

Rockville, MD 20851

Phone: 301-637-0171

Fax: 301-637-0739

arobinson@cmrocks.org

SENIOR REACH PROGRAM

NEW CLIENT APPLICATION

Date: _____

Person(s) Referring: _____ Title: _____

Agency: _____ Phone: _____

CLIENT IDENTIFYING INFORMATION

Client's Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Owns Home? Yes No

Primary Phone: _____ Cell/Alternative Number: _____

Email: _____

Age: _____ Gender: Female Male Non-binary

English Speaking? Yes No Other Languages Spoken: _____

If Married, Spouse's Name: _____

Children Involved with Care of Client: Yes No

Living Arrangement: Alone Spouse Family Friend Other: _____

Pets: Yes No Pets Name and Breed: _____

Service Animal: Yes No

Veteran: Yes No Branch of Military: _____ Years: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

ADDITIONAL CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____



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FINANCIAL INFORMATION

	<u>Individual</u>	<u>Spouse</u>
	Yes___ No___	Yes___ No___
SS deducts Part B:		
SS/SSDI/SSI (Gross monthly):	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
<u>Other Income (please include spouse if separate):</u>		
Food Stamps:	\$ _____	
Energy Assistance:	\$ _____	
Housing Assistance:	\$ _____	
Renter/Home Owner Tax Credit:	\$ _____	
Other:	\$ _____	
TOTAL:	\$ _____	

SERVICES INTERESTED IN RECEIVING (please check all that applies)

☐ **Home Care:** Caregiver services provided by a home care provider

Please describe: _____

☐ **Safe & Secure Projects:** (homeowners only): providing services for home repair, maintenance, modification for safety and appliance repair/replacement

Please describe: _____

☐ **Manna Food Delivery:** Monthly deliveries by REACH volunteers

☐ **Emergency Necklace:** Push Button Emergency Necklace

☐ **Deep Cleaning:** Periodic cleaning service

☐ **Other Services:** Please describe: _____

Please email this form to arobinson@cmrocks.org or Fax this form to 301-637-0739.

If there are any further questions regarding this referral form, please call 301-637-0171.

Thank you!