



**Project Lifesaver of North Augusta/Aiken County**

Frequency: 215.

Client No. \_\_\_\_\_

**Application Form**

Client's Name: \_\_\_\_\_ Common Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_

Monthly Income (Soc. Sec., pensions, retirement): Client: \_\_\_\_\_ Household: \_\_\_\_\_

Responsible Party's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Referred to Project Lifesaver by: \_\_\_\_\_

List below all members living in your household (excluding Client):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employer/Occupation</u>

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_



*Agencies working together to save lives*

