



349-L Copperfield Blvd. Box 211, Concord, NC 28025 | elderorphancare.com

REFERRAL FORM

Elder Orphan Care exists to bring hope and help to older neighbors in need. All referrals will be required to follow our application process including an occupational therapy-based home safety assessment.

Qualifying individuals may qualify for one or more of the following services:

Minor home safety modifications · falls prevention education · Adapted tablet program · Mobile pantry/basic needs · Medical equipment and supplies as available · Buddy program

QUALIFICATIONS

- Age 60+ (lives in Rowan or Cabarrus County)
- Lives alone or with very limited support
- Income < 150% of established 2021 federal poverty level
 - Single - \$1,610 gross monthly
 - Couple - \$1814 gross monthly
- Resources (ex: retirement account, stocks, bonds, savings, and mutual funds) at or below
 - Single - \$1,469*
 - Couple - \$1,980*

*Per limits established by Medicare QI programs

VERIFICATION REQUIREMENTS

- Photo ID

Income Verification:

- Current Utility Bills (water, electric and or gas, phone)
- Proof of all Income
- Proof of rent or mortgage
- Medical bills
- NOTE: If applicant currently receives Medicaid, a copy of Medicaid card is all that is necessary for income verification.

Referring Agency: _____

Name of person referring: _____

Phone: _____ **Email:** _____

Name of person being referred: _____

Phone#: _____ **Date of Birth** _____

Address: _____

Reason for referral: _____

