Friendship Cafe Application

Client Name: _____
First Middle Initial Last

Address: _____
Street Apartment# City Zip

Home Phone: _____ Cell Phone: _____

Email: _____ County: _____

Eligibility Criteria:

- The Friendship Cafe Program is for adults age 60 and over.
- Participants must be able to safely attend the cafe independently and without assistance as well as independently participate in the assessment process.
- Participants diagnosed with Alzheimer's or other Dementia are not eligible to attend the Cafe.

Date of Birth: _____/_____/_____ Age: _____
Month Day Year

Living Arrangement?	Private Residence	Other: _____
Do you have Medicaid?	Yes	No
Do you have Medicare?	Yes	No
Are you able to independently attend the Cafe?	Yes	No
Is there a diagnosis of Alzheimer's or Dementia?	Yes	No
Do you have a Personal Care Aide or Attendant?	Yes	No
Do you have your own Transportation?	Yes	No

If you need transportation, please circle below any mobility devices that you will be taking on the van.

Walker Cane None

Contact Name: _____

Relationship: _____ Best Contact Phone: _____

_____

Signature of Applicant Date

Please return completed application to:
Senior Connections Attn: Colleen Keller
24 E. Cary Street, Richmond VA 23219 Fax to: (804) 649-2258
Call (804) 672-4497 for additional information about the Friendship Cafe
Please call (804) 343-3000 for Care Coordination Intake for referrals to other services.

Dec 2016