



4320 Deerwood Lake Parkway Ste 101-307
Jacksonville, Florida 32216

Fax: 904-725-9785
Email: senioradoptionnetwork@gmail.com

Application to Participate

Applicant Name: _____

Address: _____

Photograph
Required With
Application

Phone: () _____ - _____

Do you have Medicaid or Medicaid Waiver (SMMC-LTC) benefits? Y N
Do you have Community Care For The Elderly Benefits? Y N
Services you are needing? (Circle all that apply)

- | | | | | |
|--|--|---|---|--|
| <input checked="" type="checkbox"/> PERS | <input type="checkbox"/> Home Health/
Companion | <input type="checkbox"/> Depression
Counseling | <input type="checkbox"/> Estate
Planning | <input type="checkbox"/> Financial
Planning |
|--|--|---|---|--|

Why do you need these services? (Please explain for each service circled above)

By signing this application you are agreeing to release of your name address and or telephone number to persons agreeing to sponsor the cost of your services. You are agreeing to a subscription of \$10.00 per month for a minimum of 12 months for each service provided. Please note that PERS Service is required for all participants. You are agreeing to provide a photograph with this application. You are agreeing to hold The Little Shepherd Charitable Foundation, Inc. DBA Senior Adoption Network harmless for all acts of negligence, errors and omissions by direct service providers, referring providers or entities and or persons or entities who provide funding for your services.

Permission to Use Photograph

Subject: The Little Shepherd Charitable Foundation, Inc. DBA Senior Adoption Network

Location: World Wide

I grant to The Little Shepherd Charitable Foundation, Inc. DBA Senior Adoption Network, its representatives and employees the right to take/ use photographs of me and my property in connection with the above-identified subject. I authorize The Little Shepherd Charitable Foundation, Inc. DBA Senior Adoption Network, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Little Shepherd Charitable Foundation, Inc. DBA Senior Adoption Network may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed Name _____