

Jefferson County Sheriff's Office



Referral Date: _____ **Date** _____
(Records notes on back of form)

Name: _____

Address: _____

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

Detailed Directions to Home: _____

Name of Referral Source: _____

Agency/Relationship to Applicant: _____

Referral Source Phone Number(s): _____

Describe Need For Adopt-A-Senior Visits: _____

Primary Medical Problems: _____

Primary Care Physician: _____ **Phone:** _____

List Service Agencies Currently Involved: _____

Persons to contact in case of emergency:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I wish to apply for regular visitation by a local Adopt-A-Grandparent Deputy:

Signed: _____ / _____
Applicant **Date**