

APPLICATION

First Tennessee Area Agency on Aging & Disability

Emergency Assistance Program for Elderly & persons with Disabilities

Applicant must be age 60 or older, or age 18 or older with a physical/mental disability
Applicant must have a necessary and immediate health or safety need
Applicant must have income of less than 150% of poverty level per month (proof required)
Applicant must be a resident of one of the 8 counties in the First Tennessee District
Request for assistance must not be covered by another available program
Amount of assistance is limited to \$200 per person
Funds shall be paid directly to the entity to meet the need; no funds will be paid directly to applicant
Funds are distributed on a first come first serve basis
Documentation of assistance needed must be attached to this application (copy of bill, invoice, ect.)

Date: _____ Name of Interviewer: _____

Amount Requested: _____

Payable to: _____ Address: _____

Full Name _____

Social Security No: _____ D.O.B _____

Address: _____

Marital Status

Single Married Divorced Widow/Widower

DESCRIPTION OF FINACIAL ASSISTANCE NEEDED:

By submitting and signing this application, I hereby confirm that the information being provided is accurate and true to the best of my knowledge and that giving false information will result in denial of possible reimbursement of assistance. _____

(Applicant's Signature)

(Date)

RETURN APPLICATION to Genie Guinn/ Lorrie Wilson At First TN Area Agency on Aging & Disability
3211 North Roan Street, Johnson City, TN 37601- Fax 423-926-8291

Date Received: _____

Sign & Date Approved _____ Sign & Date Approved _____

Genie Guinn

Connie Roberts/ FTAAAD Fiscal Manager