



# County of Bucks

## AREA AGENCY ON AGING

55 East Court Street, 3rd Floor, Doylestown, PA 18901

Phone (267) 880-5700 Fax (215) 348-7827

Protective Services 1-800-243-3767

[www.buckscounty.org](http://www.buckscounty.org) [Aging@buckscounty.org](mailto:Aging@buckscounty.org)

### County Commissioners

DIANE M. ELLIS-MARSEGLIA, *L.C.S.W., Chair*

ROBERT J. HARVIE, JR., *Vice-Chair*

GENE DIGIROLAMO

KATHY M. BENNETT, *M.S.W/L.S.W*

*Director*

### Request for Services

Do you or a loved one need assistance, home delivered meals, transportation, long term care, etc. Please submit the below form to help us assist with your needs.

Once submitted, a care manager from our office will contact you by phone to complete the referral. To prepare for this phone call, please have all the information and documentation listed in the [Letter to Consumers](#).

Depending on your browser (ex. Chrome), you may need to click the "Open in Acrobat" on the top right. If you do not have that option, and it does not allow you to fill in the form electronically, download it to your computer to complete.

Today's Date: \_\_\_\_\_

Person making referral: \_\_\_\_\_

Relationship to consumer (Please add name of agency/institution if applicable): \_\_\_\_\_

Phone number of person making referral: \_\_\_\_\_

Name of consumer being referred for services: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address 1 (Number and Street): \_\_\_\_\_

Address 2 (City, State, Zip): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

Is the consumer 60 or over:

Yes

No

Person who should be contacted:

Consumer

Person referring consumer

Other

If you selected other, please list relationship to consumer and phone number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Reason for referral (Please be brief; you will be able to explain in full when contacted):

The consumer needs assistance with (check all that apply):

Information

Home delivered meals

Transportation

In-home Services

Employment

Insurance Counseling

Adult day services

Caregiver support

Ombudsman

Long Term Care Facilities

Legal Services

Volunteering

Additional comments, if any:

**Please Note:**

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- This form works with your email, and should open your email or email browser to send. If it does not, or your email does not have that capability, save the file and email as an attachment to [aging@buckscounty.org](mailto:aging@buckscounty.org). **This form will not automatically send without going through your email address.**

**Submit**