

I CARE, Inc.

735 Sycamore Drive, Decatur, GA 30030

Office: 404.377.2273

Client Application Form

Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Phone number (home) _____ (cell) _____

E-mail address: _____

Where did you hear about I CARE? _____

Emergency contact name: _____ Phone: _____

Please provide the name and phone number of one reference (someone not related to you):

Name _____ Phone _____

Do you use the assistance of any of the following?

Cane _____ Walker _____ Wheelchair _____
(We can only accommodate foldable wheelchairs)

Are you eligible for MEDICAID? _____

Are you eligible for Para Transit (MARTA Mobility)? _____

What is your reason for applying for I CARE service? _____

Ethnicity (Optional) _____

Please acknowledge receipt of this document and the attached guidelines, with your signature and date below:

Client Signature

Date:

Thank you! Upon completing the application, please mail it in to **I CARE, Inc. 735 Sycamore Drive, Decatur GA 30030**, email back to coordinator@icareseniors.org, or call I CARE at 404-377-2273 to schedule a sign-up appointment.