



DELAWARE COUNTY SERVICES FOR THE AGING



Domiciliary Care Program Consumer Application

RETURN COMPLETED APPLICATION TO:

Delaware County Office of Services for the Aging
1510 Chester Pike, Suite 250
Eddystone, PA 19022
610-490-1300
610-490-1500 (Fax)



**Delaware County Office of Services for the Aging (COSA)
Dom Care Program
Consumer Application**

Date: _____

Last Name: _____ First Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Landline: _____

Email: _____

Sex: _____

Identified Gender: _____

Birth Date: _____

S.S. # _____

Marital Status: _____

Monthly Income

Social Security: \$ _____ SSI: \$ _____ Other: \$ _____ (Type) _____

Medical Insurance

Name of Insurance Plan(s): _____

Medicare#: _____ MA #: _____

Other: _____

Bank Account Information

Checking: ___ Yes ___ No Balance: \$ _____ Bank Name: _____

Saving: ___ Yes ___ No Balance: \$ _____ Bank Name: _____

Life Insurance

Company: _____ Amount \$ _____

Contact Information

Family/Interested Parties

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other: _____ Email: _____

Physician

Name: _____ Phone: _____

Emergency

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other: _____ Email: _____

Referral Source

Family or Friend

Name: _____ Relationship: _____

Address: _____ Phone: _____

Professional

Name: _____ Phone: _____

Title: _____

Address: _____

Facility: _____ Admission Date: _____

Diagnosis(es)

Help Needed With Daily Activities

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