



Lowcountry Senior Network

An Organization of Senior Service Providers

COMMUNITY OUTREACH COMMITTEE REFERRAL FORM

Please complete the following form on behalf of the individual senior or senior entity in need. You may also submit your idea for a LSN community outreach project that would benefit local seniors. Individuals must be age 60 and up to be eligible for assistance. Please keep in mind that the community outreach committee cannot offer direct financial assistance to individual seniors. All referral forms will be presented to the LSN Board of Directors and must have their final approval before assistance can be provided.

NAME OF INDIVIDUAL, ENTITY, OR PROJECT IDEA: _____

Complete if applicable

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

SPECIFIC NEED REQUESTED OR DESCRIPTION OF PROJECT IDEA: _____

REFERRED BY: _____ DATE: _____

ORGANIZATION: _____

PHONE: _____ EMAIL: _____

ARE THERE TIME SENSITIVITIES ASSOCIATED WITH THIS REQUEST?

YES NO

IF YES PLEASE DESCRIBE: _____

Fax completed referral form Attn: Ashton Baker to 843.571.6020 or submit electronically to ashton.baker@alz.org. Thank you for your request.