



## *Senior Support Program*

### Financial Assistance for Seniors of Pickens County

To give back to the county that has supported Providence Care since 2010, the Providence Care Foundation is honored to provide financial support for those seniors in financial need.

Through its foundation, Providence Care will be giving away

**\$25,000** in vouchers directly to seniors in need!

Qualifying vouchers will be awarded by a random drawing on December 14<sup>th</sup>. Please note all services will be paid directly to the vendor on your behalf by Providence Care Foundation. Each voucher will have a face value up to \$500. You will not be issued cash.

#### Services & Items Provided:

Groceries—Utility Expenses—Caregiver Services—Housing  
Medical Supplies/Equipment

For more information, please call Providence Care at (864) 295-8714



**Senior Support Voucher Program  
Application for Residents of Pickens County**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please place a check mark next to item(s) where you need financial assistance:**

Groceries     Utility Expenses     Caregiver Services     Housing     Medical Supplies/Equipment

Other: \_\_\_\_\_

Illness or hardship that qualifies the need? \_\_\_\_\_

(I understand that the recipient must be 65 years old or older as of December 1, 2015 and a resident of Pickens County, SC with an annual household income not over \$24,800.00. Proof of age, income, and residency must be provided at time of picking up your voucher.)

Qualifying vouchers will be awarded on December 14<sup>th</sup> by random drawing to ensure fairness of distribution. Please note recipients will not be issued cash. All goods and/or services will be paid directly to a vendor on your behalf by Providence Care Foundation, up to but not to exceed \$500.00.

**Mail to: Providence Care Foundation: 1736 Old York Road, York SC 29745**

\_\_\_\_\_  
Signature of Senior Applicant or Senior Applicant POA

\_\_\_\_\_  
Date

**PROXY INFORMATION FOR PERSONS THAT MAY PICK UP VOUCHER FOR QUALIFYING SENIOR**

**(This includes spouse and is required for receipt and use of vouchers by anyone other than the senior named on original application)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize person named to pick-up and/or spend voucher on my behalf

Signature \_\_\_\_\_ Witness: \_\_\_\_\_

If the applicant is unable to sign, the individual's POA may sign with accompanying documentation.