



LIVE 4 HELP FOUNDATION

Better Living by Helping

Elderly Support Form

Reg.No. 372326

1 PERSONAL DETAILS (*Mandatory Fields to be filled)

Name * _____

Gender* _____ Age* _____

Address* _____

PHOTO

Mobile* Email ID _____

Living Status* ☐ Single ☐ With Spouse ☐ With Children etc.

Preferred Language of Communication _____

Emergency Contact Person* _____

Emergency Contact no* Email ID _____

ID Proof (voter ID, adhaar etc.) _____

Health Status/ Regular Medication if any _____

2 TYPE OF SUPPORT (Tick mark)

- | | |
|--|--|
| <input type="checkbox"/> Emotional support by regular conversation (Weekly/Daily Phone call) | <input type="checkbox"/> Doctor's Consultation (Offline) |
| <input type="checkbox"/> Familiarisation with online services | <input type="checkbox"/> Doctor's Consultation (Online/Telephonic) |
| <input type="checkbox"/> Assistance for grocery and daily needs delivery | <input type="checkbox"/> Supply of medicines |
| <input type="checkbox"/> Assistance in Health check-up | <input type="checkbox"/> Assistance in bill payments |
| <input type="checkbox"/> Assistance for arranging nurse, maid, cook etc. | <input type="checkbox"/> Any other support _____ |

3 SUGGESTION

Declaration:

I declare that the above information is correct to the best of my knowledge.

DATE: _____

SIGNATURE: _____

LIVE 4 HELP FOUNDATION

C-504, Sea Show CGHS Ltd., Plot No. 14, Sector -19B, Dwarka, New Delhi -110075

Website: www.live4help.org | Email ID: support@live4help.org

Contact: +91-9810745206, +91-9313241727, +91-858805681