

Dearborn Heights Commission on Aging Knox Box Eligibility Form

Name of person applying: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Age: _____ Disabled: Yes No

Next of Kin:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I received, read and understand the Knox Box Eligibility Guidelines. Also, I am aware that when I am no longer in use of the Knox Box I can turn it back into the Parks & Recreation Department for a low income senior resident to use.

Sign: _____ Date _____

Office Use Only

Age: _____ Proof Shown for Age: _____

Disabled: _____ If Disabled, Doctor's Letter _____ (Date)

Income: _____ Proof of Income Shown: _____

Box Number: _____ Proof of Residency: _____

Comments: _____

Approved: Yes No

Staff Signature: _____ Date: _____

****Attach copy of doctor's letter.**