To: ILS/Adult Services Intake
Fax: 248-758-7684 or 248-758-7685 / Phone 248-758-7686

REQUEST FOR HOME HELP

****Person requesting home help services, please complete the information below:**

Client's Name	
Client's Date of Birth	
Client's Marital Status	**Please circle one:** **Married-Living Together** **Single** **Separated** **Divorced**
If married, is spouse disabled?	**Please circle one:** **Yes or No**
If married, is spouse employed?	**Please circle one:** **Yes or No**
Client's current address including city and zip code	
Client's current working telephone number	
Client's SSN or Medicaid ID	
Please explain reason home help is needed and physical and/or mental limitations	
If non-English speaking, please list contact person's name and telephone number	
Guardianship/Representative? Please list name and telephone number	