Seniors Request for Assistance

Nevada CAN Request for Assistance

Complete this form and tell us what you need. We will get you connected to a local provider, volunteer, government agency to meet your needs.

1 Step 1
Do you currently receive support from any aging services organization? Required
○ Yes ○ No
If so, which organization?

Tell us what you need: Required - select all that apply
Food  □ Prescription Medication  □ Medical Supplies  □ Medical – telehealth (primary care, geriatrics, and social work) □ One on one check in calls  □ Small group social activities (online or telephone) □ Emergency financial assistance □ Legal information and support □ Help cooking, cleaning or bathing □ Other

If yes which services.

If other please specify.

Do you currently have a primary care provider? Required

○ Yes  ○ No

If yes please provide their name.

Tell us how to contact you:

First Name Required

Last Name Required

Age

Telephone Number Required
Zip Code
Required

Email Address

Please select your language
Select An Option

Submit Form

Previous

Next