



Free!

Date: _____

Referred by: _____

Food Provision

Referred contact #: _____

Phones / Fax: (407) 892-2551 or (407) 873-2474
1401 Virginia Ave., Saint Cloud, Florida 34769
Website: www.brightangels-help.com
Email: brightangels-help@yahoo.com

Seniors 65+

Applicant's Information / Informacion del aplicante (one application per customer)

Last Name / Apellido: _____ First Name / Nombre: _____ Middle / Inicial: _____

Birth date / Fecha de nacimiento: _____ Age / Edad: _____ Gender / Sexo: **M / F**
Mr./Sr.
Mrs./Sra.

Address / Direccion: _____

Home phone / # Telefonico: _____ Cell / Celular: _____

Do you have medicaid? Yes or No

Do you have medicare? Yes or No

Do you have supplement HMO? _____

Do you get food stamps? Yes or No

Basic Needs / Necesidades Basicas: Medicaid: Health Care Insurance: Other/Otro:

Explain your needs / Explique sus necesidades:

I authorize Bright Angels Intl. to use/disclose my individual information mentioned above to receive services requested. I understand that:

A) this authorization may be revoke at any time by writing, to Bright Angels Intl except that the information has already been disclosed. If information has already been disclosed, revoking it will only prevent future disclosure. B) Bright Angels Intl, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorize. C) I may refuse to sign this authorization.

Yo autorizo a Bright Angels Intl a utilizar y divulgar la informacion antes mencionada para recibir servicios requeridos. Entiendo que: A) esta autorizacion puede ser revocada con un comunicado por escrito a Bright Angels Intl., con excepcion a que la informacion ya haya sido divulgada. Si mi informacion ya ha sido divulgada, entiendo que seria tarde para revocar esta autorizacion, sin embargo esta revocacion permitira que no se divulge ninguna otra informacion en el futuro. B) Bright Angels Intl., sus programas, servicios, empleados, oficiales, y subcontratados quedan exentos/impunes de toda responsabilidad legal por la divulgacion de la informacion antes mencionada, mientras esten autorizados a usar mi informacion. C) entiendo que puedo rehusarme/negarme a firmar esta autorizacion.

Print Name/Nombre: _____

Signature/Firma: _____

Date/Fecha: _____

* **Important:** the application must be submitted no later than the 1st of each month, to get your supply on the current month.