|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To |       | From | YVEDDI | Date |       |
|  |       |  | P O Box 309 |  |  |
|  |       |  | Boonville, NC 27011 | County |       |
|  |
| ***RE: Referral and Authorization For Legal Assistance*** |
| *Pursuant to our Agreement for Legal Assistance Services, the following Elderly Citizen is authorized to receive the services(s) listed*: |
| Select the setting where Legal Assistance will be provided: |
| [ ]  Attorney’s Office [ ]  Client’s Home [ ]  Congregate Setting [ ]  Residential Health/Group Care Setting [ ]  YVEDDI Senior Services Office [ ]  Other       |
| Client Name |       |
| Address |       |
|  |       |
| Telephone # |       |
| **Service** | **Maximum Time Legal Service****Authorized for this Voucher** |
| 1.
 |       |
| 1.
 |       |
| Void if not use by: |       |
| Authorized by: |  |       |
|  | Signature | Date |