

**Piedmont Triad Regional Council  
Area Agency on Aging  
Special Eligibility Documentation Form  
For Nutrition Services**

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Client: \_\_\_\_\_ SS#(last 4 digits): \_\_\_\_\_

Program (circle): Congregate or Home-delivered      Birthdate: \_\_\_\_\_

\*\*Site name/housing facility (if applicable) \_\_\_\_\_

The above client is under 60 years of age and has been deemed "special eligibility" for one or more of the following reasons:

\_\_\_\_\_ Provides volunteer services during meal hour(s)

\_\_\_\_\_ Spouse of an eligible client receiving the same service (*eligible client's name* \_\_\_\_\_)

\_\_\_\_\_ Disabled and resides at home with an eligible older adult receiving home-delivered meals (*eligible client's name* \_\_\_\_\_)  
(*Notice of Disability award copy needed\**)

\_\_\_\_\_ Disabled and resides at home with, and accompanies an eligible older adult to the nutrition site (*eligible client's name* \_\_\_\_\_)  
(*Notice of Disability Award copy needed\**)

\_\_\_\_\_ Disabled and resides in a housing facility occupied primarily by older adults at which congregated nutrition services are provided  
(*Notice of Disability Award copy needed\**)

The above information was verified and supporting documentation (if required) is attached.

Signed,

\_\_\_\_\_  
Nutrition Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Manager (if applicable)

\_\_\_\_\_  
Date

\*This documentation needs to be from a third party source and could be a form from the Housing Authority or an award letter from the Social Security Administration. In some counties, DSS documentation may also be appropriate.