|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
| Void if not use by: | | |  | | | | | | |
| Authorized by: | | |  | | | | |  | |
|  | | | Signature | | | | | Date | |