



**Missing Pieces**  
Community Development Corp.

**S.A.F.E. Program Questionnaire  
(Seniors Against Fearful Environments)**

DATE: \_\_\_\_\_

NAME OF PHARMACY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PRESCRIBED MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME OF GROCERY STORE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIFIC DIETARY NEEDS: \_\_\_\_\_

\_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_ HUD INCOME GUIDELINES: \_\_\_\_\_ %

ARE YOU INTERESTED IN DIRECT DEPOSIT? YES or NO

ARE YOU INTERESTED IN ONLINE BILL PAYMENTS? YES or NO

ARE YOU INTERESTED IN CHECK CASHING SERVICES? YES or NO

ARE YOU INTERESTED IN SHOPPING WITH ASSISTANCE? YES or NO

ARE YOU IN A WHEELCHAIR OR REQUIRE A WALKER? YES or NO

WOULD YOU LIKE TO REFER ANOTHER SENIOR TO MPCDC? YES or NO

IF SO WHO? \_\_\_\_\_ TELEPHONE \_\_\_\_\_

WHAT DAY OF THE MONTH DO YOU USUALLY SHOP & PAY BILLS? \_\_\_\_\_