



Senior Care Incentive Application

American Rescue Plan Act Funding (ARPA)

Name: _____

1. Are you a City of Portsmouth resident? YES NO

Applicant's address: _____

2. How many seniors live in your household?

- 1
- 2
- 3 or more

3. Are you age 65 or older? YES NO

If yes, Date of Birth: _____

4. Are you fully vaccinated? YES NO

*If you answered **NO** to any of the above questions, **STOP HERE**. You do not qualify for this program.

*If you answer **YES** to all the above questions, please proceed with proving the required documents below.

- Valid VA State Driver's License or State Issued Identification Card
- Utility Bill or Tax Bill
- Vaccination Card

American Rescue Plan Act Funding (ARPA) senior care program to stop the spread of Covid 19

FOR CITY USE ONLY

___ APPROVED

___ DENIED

Approved/Issued by: _____

City Official Signature

Card issued to: _____

Recipients Signature

Recipients' driver's license/personal identification number: _____

Last 4 digits of issued card: _____