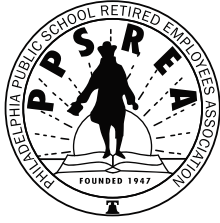


THE PHILADELPHIA PUBLIC SCHOOL RETIRED EMPLOYEES ASSOCIATION



5398 Wynnefield Ave., Suite LL3 Philadelphia, PA 19131 - 2344
(215) 921-5056 www.ppsrea.org info@ppsrea.org

Townsend

CONFIDENTIAL REQUEST FOR SERVICE

Name _____ Date of Birth ____ / ____ / ____

Address _____ Apt _____

City _____ ST _____ Zip Code _____

Phone (____) ____ - _____ Email address _____

Year Retired _____ Years of Service _____ Last Position _____

Referred by _____ / ____ / ____

INCOME / FINANCIAL AID (Indicate monthly amount)

School District pension _____

Social Security _____

Other pension(s) _____

Describe:

Medicaid _____ Y ____ N

Other _____

Briefly describe the nature of service requested and the approximate cost. Continue to the other side of the page, if needed.

****3 estimates for contracted services must be obtained from licensed and insured contractors****

Please return this Request for Service to the office at the above address.

Any information provided will be held in the strictest confidence.

Region XI PASR

