

# Elderly Abuse Prevention Form

In order to expedite the completion of your transaction we are requesting that you complete the following "Elderly Abuse Prevention" form. We are not unnecessarily interested in your personal affairs, however, we have elected to insure that we take measures to prevent elder abuse.

The information you provide, and your spouse if you are married, can promptly eliminate all potential elder abuse situations and provide you with the most efficient service possible. Thank you for your cooperation in furnishing us with the necessary information and please be assured that your information is confidential and used only for the purpose which we have stated.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Year of Birth

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Year of Birth

\_\_\_\_\_  
City of Birth

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Do you usually have any advisors; children or relatives assist you in financial decisions?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Do you feel you need an advisor to help you with your decision regarding this home improvement project?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Is there anyone present today to assist you with this decision?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Do you have someone, other than yourself, handling your personal finances such as paying monthly utility bills, mortgage payment or other monthly obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of advisor(s): \_\_\_\_\_

Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date