

Borough of Palmyra
Health and Senior Services Questionnaire

Please respond to:

Borough of Palmyra
Health and Senior Services Committee
20 West Broad Street
Palmyra, NJ 08065

Please provide the following.

All information will be kept strictly confidential and will be available only to the members of the Health and Senior Services Committee for the sole purpose of assisting you and the Borough's Senior Citizens.

Name _____

Address _____ Palmyra, NJ 08065

Are you a senior citizen? No _____ Yes _____

If not, please explain your interest in this program.

Are you interested in learning more information about any of the following programs? Please check all that apply.

____ Borough property tax deduction

____ Medicare Part D

____ Long Term Care

____ PSE&G Senior Discount

____ Meals on Wheels

____ County Transportation

____ F.I.S.H. Medical Visits

Other programs:

Please provide other pertinent information or ask a question here:

