

THE PHILADELPHIA PUBLIC SCHOOL RETIRED EMPLOYEES ASSOCIATION



440 N Broad St ▪ Room 177 ▪ Philadelphia, PA 19130-4015
(215) 400-8750 ▪ www.ppsrea.org ▪ ppsrea@gmail.com

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 _____ Date: ____/____/____

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.