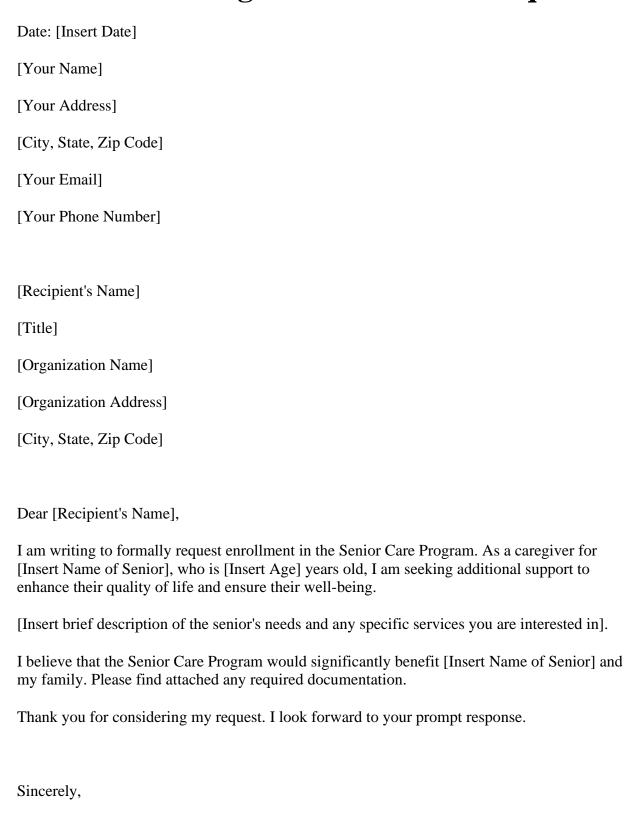
## Senior Care Program Enrollment Request



[Your Name]