



CARE RECEIVER INFORMATION AND APPLICATION  
(Please Print)

**\* =required information**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Name:** \_\_\_\_\_ **\*Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Address:** \_\_\_\_\_

**\* Zip Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

Email Address: \_\_\_\_\_ **\*Circle one:** Male / Female

Marital Status:

\_\_\_ Single      \_\_\_ Married      \_\_\_ Widowed      \_\_\_ Divorced

Is your gross household income at or below:

1 person < \$1,287/month, 2 people < \$1,736/month, or 3 < \$2,184/month    \_\_\_Yes    \_\_\_No

Note that income level will *not* exclude you from receiving most services through Interfaith. However, income level would determine if you are eligible for services provided in partnership with our local food pantry. Income information is also helpful for grant purposes.

Is English your primary language? \_\_\_Yes \_\_\_No

Have you served in the US Military? \_\_\_Yes \_\_\_No

Has your spouse served in the US Military? \_\_\_Yes \_\_\_No

If you are a member of an area congregation, please help Interfaith build its community relationships by sharing the name of your church or place of worship:

\_\_\_\_\_

Ethnicity (optional)

White  Hispanic  African American  other \_\_\_\_\_

Would a volunteer of the opposite sex be acceptable?  Yes  No

Living Arrangements:

Alone  With Spouse  Family  Nursing Home

Other \_\_\_\_\_

Mobility:

Cane  Walker  Wheelchair  Bed Bound  None

Do you have difficulty getting into a van, truck or SUV?  Yes  No

Do you use a portable oxygen cylinder when traveling?  Yes  No

Do you currently hold a valid driver's license?  Yes  No

If no, what is your current means of transportation?

Taxi  Family  Friends  Neighbor  Other \_\_\_\_\_

Have you been convicted of a crime?  Yes  No

Interfaith Caregivers of Washington County conducts a public records check on all applicants and will share the results of this information with a volunteer. Interfaith reserves the right to refuse services to any care receiver.

Assistance Requested (Check all that apply):

Please schedule transportation 7-10 days in advance. Other services require 2-3 weeks to make arrangements.

Transportation  In-home Visits  Reassurance Calls  Shopping

Snow Removal  Yard Work  Housekeeping

Meal Prep  Minor Home Repair  Other: \_\_\_\_\_

Does anyone smoke in your home?  Yes  No

Are there any pets in your home?  Yes  No

Are there firearms in your home?  Yes  No

How did you hear about Interfaith Caregivers? \_\_\_\_\_

**\*Emergency Contact Information**

If living with a spouse or other family member, please provide their information

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Name	Relationship
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Phone with Area Code (day)	(evening)
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**\*Please list an emergency contact whose information is different from the applicant's**

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Name	Relationship
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Address	City, State, Zip
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Phone with Area Code (day)	(evening)
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I acknowledge the above information is correct. I also understand that this information may be shared with Interfaith staff and volunteers associated with Interfaith Caregivers of Washington County to provide safe and complete volunteer assistance. This information may also be shared to comply with federal reporting requirements.

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**\*Care Receiver's Signature**

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**Date**

Please mail your completed application to:

Interfaith Caregivers  
P.O. Box 1143, West Bend, WI 53095  
262-365-0902  
Fax 262-365-0905  
shared@IFC4seniors.org  
www.interfaithwashco.org