



Care Receiver Application

(Please Print)

*** =required information**

Date: ____/____/____

Birthdate: ____ / ____ / ____

*Last Name: _____ M.I. _____ *First Name: _____

*Address: _____

*City/State/Zip: _____

Gender: Male Female

Home Phone: (_____) _____ Work Phone: (_____) _____
(Only provide # if able to contact you at work)

Cell Phone: (_____) _____ Accept text messages? Yes No

Email: _____

Best time to reach you? _____ Where did you hear about us? _____

Marital Status:

Single Married Widowed Divorced Other: _____

Is your gross household income at or below:

1 person < \$1,316/month, 2 people < \$1784/month, or 3 < \$2,184/month Yes No

Note: Income level will **not** exclude you from receiving services through Interfaith. Income level used to determine eligibility for services provided in partnership with our local food pantry.

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 Assisted Living 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 Co. will conduct a public record 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):

- **Transportation requests require AT LEAST 10 days' advance notice. Other services require 2-3 weeks to make arrangements.**

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> In-home Visits | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Reassurance Calls | <input type="checkbox"/> Meal Prep |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Minor Home Repair |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Other: _____ |

Does anyone smoke in your home? Yes No

Are there any pets in your home? Yes No

- Dog Cat Bird Fish Tank Other: _____

Are there firearms in your home? Yes No



Emergency Contact:

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

Last Name: _____ **M.I.** _____ ***First Name:** _____

Address: _____ ***Relationship** _____

City/State/Zip: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

***Additional Emergency Contact**

- We require an additional contact whose information is different from the care receivers

Last Name: _____ **M.I.** _____ ***First Name:** _____

Address: _____ ***Relationship** _____

City/State/Zip: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

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.

***Care Receiver's Signature**

Date