



# Senior Services Application

To qualify for services, you must be over 60 and a resident of Washington County.

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married  Widowed  Divorced  Other: \_\_\_\_\_

**Living Arrangements:**

Alone  With Spouse  Family  Assisted Living  Nursing Home  Other: \_\_\_\_\_

Ethnicity (optional):  White  Hispanic  African American  Other: \_\_\_\_\_

Is English your primary language?  Yes  No, my primary language is: \_\_\_\_\_

**Is your gross household income at or below:**

1 person, less than \$1,316/month, 2 people, less than \$1784/month  Yes  No

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

Have you served in the US Military?  Yes  No

Has your spouse served in the US Military?  Yes  No

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 applicant.**

Are there firearms in your home?  Yes  No

Does anyone smoke in your home?  Yes  No

Are there any pets in your home?  Yes  No

- Dog  Cat  Bird  Fish Tank  Other: \_\_\_\_\_

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



**Mobility:**

Cane  Walker  Wheelchair  Bed Bound  None  Other\_\_\_\_\_

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

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

**What are your current means of transportation?** *Please check all that apply.*  I drive myself

Spouse  Taxi  Family  Friends  Neighbor  Other: \_\_\_\_\_

**Where did you hear about Interfaith Caregivers?**

\_\_\_\_\_

**Are you are a member of an area religious or civic organization, school or business?**  Yes  No

**Name of religious or civic organization, school and/or business:**

\_\_\_\_\_

*Sharing this information helps Interfaith build its community relationships, thank you!*

## Services

### Transportation Service

*Interfaith's Volunteer Transportation provides rides to healthcare, nutrition & wellness only. Healthcare is given priority. Requests require **at least 10 business days advance notice.***

\_\_\_ **YES**, I am interested in Interfaith's Volunteer Transportation Service

\_\_\_ I would like information on other transportation options in Washington Co.

### Help Corner:

*A durable medical equipment loan program in located in West Bend & Hartford. For a small deposit, we loan equipment incl.: wheelchairs, walkers, knee scooters, ramps, shower chairs, etc.*

\_\_\_ I am currently in need of durable home medical equipment.

\_\_\_ I would like information about help Corner in case I need this in the future.



## **“Helping Hand”**

*These services are provided by individual volunteers, based on volunteer availability.*

- Companionship Visits
- Interfaith Canine Visits (Visits from a volunteer with a therapy dog)
- Lawn Mowing
- Snow Shoveling
- Garbage “Can to Curb”
- Friendly Phone Call
- Grocery Shopping - **Circle One:**

I would like a volunteer to grocery shop **with** me  
 I would like a volunteer to grocery shop **for** me.

I have an “other request”: \_\_\_\_\_  
*(Interfaith will consider “other requests” only if the request fits within policy guidelines and a volunteer is available.)*

## **“Kindness Crews”**

*Service provided by groups when available (ex. schools, churches, business.)*

*\*\*Date of service based on group availability.*

**Yes, contact me when a group is available for:**

- Spring/Summer Yardwork (may include: spring clean-up, minor trimming, weeding)
- Fall Yard Clean-up (may include: leaf raking, minor trimming, etc.)
- Spring Housecleaning (may include: ex. dusting, vacuum, floors, window washing)
- Fall Housecleaning (may include: ex. dusting, vacuum, floors, window washing)
- Meal Preparation / Delivery

I have a minor home project: \_\_\_\_\_  
 (minor home project considered only if it fits within policy guidelines)

I have an “other request”: \_\_\_\_\_  
 (“other request” considered only if it fits within policy guidelines)



**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: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Emergency Contact**

- *We require an additional contact whose information is different from the applicants*

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ \*First Name: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**After Interfaith receives your application, we will contact you with a few more questions to help us understand how we can best help with your request.**

*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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***SIGNATURE*** Senior Services Applicant

***DATE***

**Please Mail Completed Application:**

**Interfaith Caregivers of Washington County  
PO Box 1143  
West Bend, WI 53095**

**Or FAX:  
262-365-0905**