



# 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 \$1,396/month    2 people, less than \$1,888/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 a member of an area religious or civic organization, school or business?**  Yes  No

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

\_\_\_\_\_  
*\*This question is optional, but sharing this information helps Interfaith build 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:

**West Bend 262-429-1161**

**Hartford 262-525-8202**

*A durable medical equipment short term loan program with locations in West Bend & Hartford. For a small deposit per item we loan wheelchairs, ramps, walkers, knee scooters, crutches, canes shower chairs, commodes and much more for up to 90 days.*

\_\_\_ I am in need of durable home medical equipment. Please contact me.

\_\_\_ Please send me more information about help Corner.



## **“Helping Hand” Service**

Service provided by individual volunteers, **based on volunteer availability.**

\_\_\_ Companionship Visits

\_\_\_ Interfaith Canines – Companionship visits with a volunteer & registered therapy dog

\_\_\_ Lawn Mowing

\_\_\_ Snow Shoveling

\_\_\_ Garbage “Can to Curb”

\_\_\_ “Kindness Calls” – A friendly phone conversation/wellness check

\_\_\_ Grocery Shopping - **Circle One:**

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

I would like a volunteer to grocery shop **for** me/food delivery

\_\_\_ I have an “other request”: \_\_\_\_\_

*(Interfaith will consider **if** request fits within policy guidelines and volunteer availability.)*

## **“Kindness Crews” Services**

Service provided **when a group is available** (ex. schools, churches, business.)

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

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

\_\_\_ Spring/Summer Yardwork (may include: spring lawn clean-up, minor trimming, weeding)

\_\_\_ Fall Yard Clean-up (may include: leaf raking, minor trimming, etc.)

\_\_\_ Spring Cleaning (may include: ex. dusting, vacuum, floors, window washing)

\_\_\_ Fall Cleaning (may include: ex. dusting, vacuum, floors, window washing)

\_\_\_ Meal Delivery (some groups enjoy preparing/purchasing meals to deliver)

\_\_\_ I have a minor home project: \_\_\_\_\_

*(considered **only** if within policy guidelines & group availability)*

\_\_\_ I have an “other request”: \_\_\_\_\_

*(considered **only** if within policy guidelines & group availability)*



**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, helping us understand how we can best provide service.**

*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.*

**SIGNATURE of Applicant**

**DATE 27-Dec-21**

**Mail Completed Application:**

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

**Or FAX:**

**262-365-0905 12/27/2021**