



Senior Services Application

To qualify, 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 **does not** exclude you from Interfaith services. Income is 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. conducts public record checks on all applicants.
- ***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 – Individual Volunteer Services

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

- ___ **Companionship Visits** – a social visit, not intended for respite or supervision.
- ___ **Interfaith Canines** – Companionship visits from a volunteer with their registered therapy dog.
- ___ **Lawn Mowing** – please have a working mower available for our volunteer.
- ___ **Snow Removal** – please have a working snowblower and/or shovels available for our volunteer.
- ___ **Garbage “Can to Curb”** – a volunteer to bring your garbage container to curb for weekly pick-up.
- ___ **Kindness Calls** – Friendly phone conversation with a volunteer caller.
- ___ **Grocery Shopping - Circle One:**

Volunteer will grocery shop **with** me

Volunteer will grocery shop **for** me (form of payment must be provided)

___ **Other Requests:** _____
(Requests considered that fit within policy guidelines and volunteer availability.)

Kindness Crew – Group Volunteer Services

Service provided **when a volunteer group is available** (ex. schools, churches, business.)
**Date of service based on group availability.

YES, please contact me when a group is available for:

- ___ **Spring/Summer Yard Clean-up** (Ex. lawn clean-up, minor trimming)
- ___ **Fall Yard Clean-up** (Ex. leaf raking, minor trimming)
- ___ **Spring Cleaning** (Ex. dust, vacuum, wash floors)
- ___ **Fall Cleaning** (Ex. dust, vacuum, wash floors)
- ___ **Meal Delivery** (Groups prepare or purchase meals & deliver)
- ___ **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

- *Additional contact whose information is different from the applicants required.*

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

Address: _____ *Relationship _____

City _____ State: _____ Zip: _____

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

Email: _____

Upon receipt of this application, our office will reach out to you with several additional questions to provide the most appropriate 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

Mail Completed Application:

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

FAX: 262-365-0905