



# Senior Services Application

To qualify, you must be 60+ and a resident of Washington County.

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

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

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

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Gender: c Male c Female

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

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

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

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

Are you enrolled in (check all that apply) c Medicaid c MCO (Managed Care Organization) c IRIS c None

Is your gross household income at or below:

1 person, less than \$1,396/month 2 people, less than \$1,888/month c Yes c 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? c Yes c No

Has your spouse served in the US Military? c Yes c No

Have you been convicted of a crime? c Yes c 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? c Yes c No

Are there any pets in your home? c Yes c No

- c Dog c Cat c Bird c Fish Tank c 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:**

\_\_\_\_\_  
*\*Question optional, sharing this information helps Interfaith build community relationships, **thank you!***

## Services

### Volunteer Transportation Service

*Interfaith's Volunteer Transportation provides rides to healthcare, nutrition & wellness only.*

**Healthcare is given priority.** Requests require **minimum of 10 business day 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**

*Durable medical equipment short term loan program. Store 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 by individual volunteers, **based on volunteer availability.**

\_\_\_ **Companionship Visits** – *A social visit, **not intended for respite or supervision.***

\_\_\_ **Interfaith Canines** – *Companionship visits with a volunteer with their registered therapy dog.*

\_\_\_ **Lawn Mowing** – *Must have a working mower available for our volunteer work.*

\_\_\_ **Snow Removal** – *Must have a working snowblower and/or shovels available for our volunteer.*

\_\_\_ **Garbage “Can to Curb”** – *Volunteer brings your garbage container to curb for weekly pick-up.*

\_\_\_ **Kindness Calls** – *Friendly phone conversation with a volunteer caller.*

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

Volunteer grocery shops **with** me

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

\_\_\_ **“Other” Request:** \_\_\_\_\_  
*(Requests considered if within policy guidelines and volunteer availability.)*

## **Kindness Crew – Group Volunteer Services**

Service provided by volunteer groups (ex. schools, churches, business.)

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

**YES, contact me for:**

\_\_\_ **KINDNESS CREW** (a monthly lunch and visit with 2 -3 of our kindness Crew Volunteers)

\_\_\_ **Meal Delivery** (Groups prepare or purchase meals & deliver)

\_\_\_ **“Other” Request:** \_\_\_\_\_  
*(Requests considered if within policy guidelines & group availability)*



**Emergency Contact:**

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

P.O. Box 1143  
West Bend, WI 53095  
(262) 365-0902  
[www.interfaithwashco.org](http://www.interfaithwashco.org)

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 application, Interfaith staff will contact you with follow-up questions to provide the most appropriate & safe 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.*

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**SIGNATURE of Applicant**

**DATE**

**Mail Completed Application:**

**Interfaith Caregivers of Washington County  
PO Box 1143  
West Bend, WI 53095  
or  
FAX: 262-365-0905**