400 Chapple Avenue, Suite 100

Ashland, WI 54806

715-682-4414 x3

CARE RECEIVER APPLICATION

Referral made by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miles to services\_\_\_\_\_\_\_Lives in: house apartment trailer home

Living Arrangements: Alone with Spouse with other family members

Other Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have family members or friend(s) assisting you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about Faith in Action? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you make your own meals now? Yes No.

Do you use Meals on Wheels or Senior Dining? Yes No

Do you drive? Yes No

Services Requested (check all that apply):

Snow Shoveling

Transportation/outing Minor home repairs

Shopping for me Bills/record keeping

Take me shopping Yard work/gardening

Occasional meal preparation Caring companionship

Light housekeeping Someone to read to me

Telephone reassurance Letter writing

Respite care Visit from Pets ‘N Pals

# Other services or assistance you may need that we don’t have listed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Would a male volunteer be acceptable? Yes No

# Would a female volunteer be acceptable? Yes No

Do you have pets in the home? Yes No

Dog(s) \_\_\_\_Cat(s) \_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Does anyone smoke inside your home? Yes No

Mobility: Ambulatory(Able to move well) Cane Walker Wheelchair/Scooter

Sight or hearing issues: Sight Hearing None

**Please check any of the following conditions that affect the care receiver:**

* Confined to a bed or wheelchair
* Infectious disease in communicable stages
* Mental health issues
* Vision impairment
* Hearing impairment
* Chewing/swallowing difficulties
* Mobility Problems
* Incontinent
* Smoker
* Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Alzheimer’s /Dementia

Please give more detail on any of the above conditions or any other concerns the volunteer should be aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Socialization:**

Do you know your neighbors? Yes No

Do you have friends or family that are close to you? Yes No

Do you have opportunities to get out? Yes No

Do you feel isolated? Yes No

**EMERGENCY CONTACTS- (Friend, Neighbor, or Relative)**

# PLEASE LIST AT LEAST ONE LOCAL CONTACT

1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there someone who helps in your caretaking that you would like the volunteer or Program Coordinator to be discuss your FIA activities with? Yes No

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background Check

Faith In Action-Ashland County takes seriously its obligation to provide a safe environment for all the people involved in its activities. FIA reserves the right to conduct background checks on all individuals applying to receive services and others living in the same residence. Sign below to authorize FIA to conduct a Wisconsin Department of Justice background check on me at their discretion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Care Receiver Applicant signature) (Date)

I understand that a Faith In Action volunteer or care receiver can be released from service within the sole discretion of the Program Coordinator or the Executive Director without advanced notice or without any opportunity to appeal the decision.

(Care Receiver Applicant signature) (Date)

Release of Information

I give my permission for the Faith In Action Program Coordinator to give my contact information to a Faith In Action Volunteer and to share it with other programs of the Ashland County Aging Unit upon my request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Care Receiver Applicant signature) (Date)

|  |  |  |  |
| --- | --- | --- | --- |
| Programs | I use this service currently | I am aware of this service | I would like more information |
| Aging Unit Bus |  |  |  |
| Meals on Wheels/ Senior Dining |  |  |  |
| Benefit Specialist |  |  |  |
| Friendly Visitor Calls |  |  |  |
| Family Caregiver Support Services |  |  |  |
| Alzheimer’s Family Caregiver Support |  |  |  |
| Home Health Services |  |  |  |
| Housekeeping/Chore Services |  |  |  |
| Lifeline |  |  |  |

If you were mailed this:

When you have the application completed, please give us a call so we can set up an appointment time to visit you and discuss your options!

FIA Staff

715-682-4414