

Entered	
Assessment	



Interfaith Caregivers of Washington County
Care Receiver Information and Application
(Please Print)

Date: ____/____/____

Name: _____ **Birth date:** ____/____/____

Address: _____

City/State/Zip: _____ **Telephone:** _____

Email Address: _____

Circle one: Male / Female

Ethnicity (optional)

____ White ____ Hispanic ____ African American ____ other _____

Is English the primary language? ____ Yes ____ No

Congregation: _____

How did you hear about Interfaith Caregivers?

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

Living Arrangements:

Alone With Spouse/Family Nursing Home

Other _____

Needs Assessment/Mobility:

Cane Walker Wheelchair Bed Bound None

Care receiver's current health conditions:

Do you currently hold a valid driver's license? Yes No

(if no, what is your current means of transportation?)

Taxi _____ Family _____ Friends _____ Neighbor _____

Other _____

Assistance Requested (Check all that apply)

Transportation In-home Visits Reassurance Calls

Shopping Paperwork Snow Removal

Yard Work Housekeeping Minor Home Repair

Occasional Meal Prep Respite Care Moving

Other: _____

Does anyone smoke in the residence? ___ Yes ___ No

Are there any pets in the residence? ___ Yes ___ No

Emergency contact Information (must differ from the applicant's information)

Name Relationship

Address City, State, Zip

Phone with Area Code (day) (evening)

The following information will be used for grant purposes only, and will not be used in determining your eligibility with Interfaith Caregivers:

Are you low income? ___ Yes ___ No

Do you possess a Wisconsin Forward Card? ___ Yes ___ No

Do you have a declared or verified disability through Social Security? ___ Yes ___ No

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.

Care Receiver's Signature

Date

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