



885 Badger Circle, Grafton WI 53024
(262) 376-5362
www.interfaithozaukee.org

Client Application

Interfaith Caregivers offers support to seniors, including those with limited mobility, free-of-charge, helping them to remain independent, as long as it is healthy and safe for both the volunteer and the client.

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

Maiden Name _____ Birthdate: ____/____/____

Other name(s) you may have used in the past _____

Address: _____ (Apt) _____ City _____ State __ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Religious Affiliation _____ Congregation _____

Are you a Veteran ____ Yes ____ NO Veteran Family Member _____

Active Duty ____ Military Family Member _____

How did you hear about Interfaith Caregivers? _____

Services Requested (Check all that apply)

<input type="checkbox"/> Transportation	<input type="checkbox"/> Paperwork (mail, bills)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Visiting	<input type="checkbox"/> Reassurance Calls	
<input type="checkbox"/> Shopping	<input type="checkbox"/> Respite Care	

Marital Status: Married ____ Single ____ Divorced ____ Widowed ____ Life Partner ____ Other

Living Arrangement: ____ Alone ____ with Spouse or Family Member ____ House ____ Apartment

____ Assisted Living ____ Other _____

Mobility and Care Needs: ____ Walking Independently ____ Cane ____ Walker ____ Wheelchair
____ Home Bound ____ Oxygen ____ Glasses

~ Please be aware that Interfaith Caregiver Volunteers cannot provide personal care services such as; dressing, bathing, feeding, or assisting with oxygen. If you have any of these needs, please notify the Interfaith office at 262-376-5362 and they will be happy to refer you to an agency in the area who can help.

Sensory Perception

Auditory

- No Problem
- Hearing Aid
- Right
- Left
- Both

Vision

- No Problem
- Glasses
- Blind
- Other

Speech / Communication

- No Problem
- Slurred speech
- Sign Language (ASL)
- Language Barriers

Health and Independence Status

What health problems/diagnosis do you have?

What everyday activities do you have difficulty doing?

Are you currently enrolled in: Health Insurance Plan Family Care Community Care
 WI Forward Health Card Medicare Medicaid Other

Are you currently receiving assistance from another agency such as the ADRC, Meals on Wheels, etc..?
 Yes No Please List

Do you have a counselor/caseworker? Yes No

Name: Phone:

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

In the Last Year

Have you had any hospital admissions? Yes No

Have you had any recent surgeries? Yes No

Have you had any falls? Yes No

Safe Environment Determination

Does anyone in your home smoke? _____ Yes _____ No

Are there pets in the home? _____ Yes _____ No

If "yes," how many? _____ Type: _____

Are there weapons in the home? _____ Yes _____ No

If "yes," are the weapons stored and locked? _____ Yes _____ No

Do you have any criminal charges pending against you? _____ Yes _____ No

Were you ever convicted of a crime? _____ Yes _____ No

~ For your safety, Interfaith Caregivers conducts criminal background checks on all perspective clients and volunteers.

Emergency Contact Information

1. Name _____	2. Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Relationship _____	Relationship _____
Telephone: Home _____	Telephone: Home _____
Work _____	Work _____
Cell _____	Cell _____
Email _____	Email _____

For Interfaith's Grant Writing Purposes, Please Answer the Following

Ethnicity

____ African/American	____ Native American	____ White/Caucasian
____ Hispanic	____ Asian/Pacific Island	____ Indian
		____ Other _____

Are you low income? _____ Yes _____ No

Gender: _____ Female _____ Male

Understanding and Signature

I understand that Interfaith is an organization based on the good-will of dedicated volunteers, and that a match for service is not guaranteed, although Interfaith will diligently work on finding a volunteer for my specific needs. In addition, the information I have provided on this application is truthful and accurate to the best of my knowledge. I understand that a further review of my application may include a criminal background check conducted by Interfaith Caregivers of Ozaukee County. Furthermore, I understand that providing false information, omitting information, or an unfavorable result of a criminal background check, may result in denial of services from Interfaith Caregivers of Ozaukee County.

Signature of applicant

Date

Signature of person helping complete application

Date

Please print name of person completing application

Please return this application to:

**Interfaith Caregivers of Ozaukee County
885 Badger Circle
Grafton, WI 53024**

Information Provided Is Confidential

*For office use only: Date application received: _____

Initial phone call date: _____

Home assessment scheduled: _____