



Do you have a county case manager/social worker  Yes  No

If yes, please provide name & phone number \_\_\_\_\_

### Emergency Contacts

1<sup>st</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### Overall Wellbeing (check all that apply)

- Have regular interaction with others
- Have had a fall resulting in injury within the last six months
- Need assistance with one or more self-care tasks (such as dressing, bathing, going to the bathroom, eating, getting out of bed/chair)
- Have interests/hobbies that are enjoyable for me to participate in
- Have thought about moving to a nursing home or assisted living
- Have someone that can provide help when needed
- Concern that caregiver may feel overwhelmed or stressed because of the care they provide
- Have experienced memory loss or difficulty with decision making

#### Services Interested In (check all that apply)

- Companionship/Friendly Visit
- Reassurance Phone Calls
- Light Housekeeping
- Meal Preparation
- Laundry
- Pet Care
- Heavy Cleaning/Organization
- Outdoor Chores (mowing, raking, snow removal, gardening, trimming)
- Transportation
- Shopping/Errands
- Odd jobs/Home Repairs
- Moving
- Other \_\_\_\_\_
- Respite Care

I certify that the above information is accurate and I give my consent for Faith In Action of Dodge County, Kenyon & Nerstrand to conduct a routine police check.

Signature of Care Recipient \_\_\_\_\_

Date \_\_\_\_\_

**Office Use** Date Received: \_\_\_\_\_ Notification Letter Sent: \_\_\_\_\_  
Background completed & referenced: \_\_\_\_\_ Date of Follow Up: \_\_\_\_\_