

CARE RECIPIENT APPLICATION

DODGE COUNTY FAITH IN ACTION

P.O. Box 246

Kasson, MN 55944

fiadodge@kmtel.com

507-634-3654

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ email: _____

Number of people, besides you, living in household: _____

Names and ages: _____

Do you receive medical assistance? Medicate _____ Medicare _____

Other _____ If other, please explain: _____

Name address and phone number of Primary Caregiver, if applicable: _____

Smoker: Yes _____ No _____

Pets: Yes _____ No _____ If yes, what type: _____

Any allergies: (perfumes, food, medicines, etc)? _____

Are you a member of a religious congregation? Yes _____ No _____

If yes, which congregation: _____

Please list 2 people we may contact in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Day phone #: _____ Evening phone #: _____

Name: _____ Relationship: _____

Address: _____

Day phone #: _____ Evening phone #: _____

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Please check all the areas you would like assistance in:

Transportation:

In town

Out of town

In town medical

Out of town medical

Help in the home:

Light housekeeping

Laundry

Outside chores:

Mowing

Lawn racking

Snow removal

Comments, additional needs: _____

Signature