

**FAITH IN ACTION OF DODGE COUNTY, KENYON, & NERSTRAND**

P.O. Box 246 \* Kasson, MN 55944 \* (888) 634-3654  
fiadodge@kmtel.com \* www.fiadodgecounty.org



**FAITH  
IN ACTION**

# CARE RECIPIENT APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Names and Ages of others living in household: \_\_\_\_\_

Please place a check mark next to the range that corresponds to your annual household income:

<b>Single person</b>	\$0-\$11,000	\$11,001-\$20,000	\$20,001-\$27,000	\$27,001 & up
<b>Couple</b>	\$0-\$14,500	\$14,501-\$27,000	\$27,001-\$37,500	\$37,501 & up

Do you receive medical assistance? \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_

Elderly Waiver/Alternative Care: \_\_\_\_\_ Other Waiver Program: \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ If yes, what is your disability? \_\_\_\_\_

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

Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_

Pets: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind: \_\_\_\_\_

Any allergies: (perfumes, foods, medicines, etc)? \_\_\_\_\_

Are you a member of a religious congregation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which congregation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Please check all the areas you would like assistance in:

Transportation:

\_\_\_ Within my town

\_\_\_ Out of town

\_\_\_ Shopping

\_\_\_ Running errands

Help in the home:

\_\_\_ Light housekeeping

\_\_\_ Laundry

\_\_\_ Preparing meals

\_\_\_ Mail management

Outside chores:

\_\_\_ Mowing

\_\_\_ Lawn raking

\_\_\_ Snow removal

Visiting:

\_\_\_ Friendly visits (in person)

\_\_\_ Reassurance Calls (by phone)

\_\_\_ Respite care

Comments, additional needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Manager Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Authorization Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Care Client Signature

**CLIENT APPLICATION**  
***FAITH IN ACTION OF DODGE COUNTY, KENYON,***  
***& NERSTRAND AREAS***

PO Box 246 - Kasson, MN 55944 - [fiadodge@kmtel.com](mailto:fiadodge@kmtel.com) - [www.fiadodgecounty.org](http://www.fiadodgecounty.org) - 888-634-3654

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Informed Consent of Personal Criminal Background Check

The following named individual has made application with FAITH IN ACTION of Dodge County, Kenyon, & Nerstrand areas for services.

Please print all of the following information:

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name (full): \_\_\_\_\_

Maiden, Alias, or Former Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
Month/Day/Year

Social Security Number (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Faith in Action of Dodge County, Kenyon, & Nerstrand areas for the purpose of receiving services with this agency.

Signature of Applicant: \_\_\_\_\_

STATE OF MINNESOTA )  
COUNTY OF DODGE ) ss.  
COUNTY OF GOODHUE )  
COUNTY OF RICE )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Stamp or Seal

\_\_\_\_\_  
Signature of Notary Public