



## CARE RECIPIENT APPLICATION

Client Name \_\_\_\_\_  
 Last First Middle (Maiden/Former)

Address \_\_\_\_\_  
 Street Address City/State Zip Code

Phone Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female Race/Ethnicity \_\_\_\_\_

How did you hear about Faith In Action \_\_\_\_\_  
 Place of Worship \_\_\_\_\_ Person if other than self filling out form \_\_\_\_\_

**Living Arrangements**

Alone  
 Family  
 Spouse/Partner  
 Other

Other \_\_\_\_\_

**One Person Annual Household Income** before taxes  
 \$ \_\_\_\_\_

**Two Person Annual Household Income** before taxes  
 \$ \_\_\_\_\_

**Mobility Assistance**

None  
 Cane  Wheelchair  
 Walker  Other \_\_\_\_\_

**Medical Assistance**  None

Do you receive medical assistance  Yes Other health ins provider \_\_\_\_\_  
 Are you part of the Elderly Waiver Program  Yes  
 Are you part of the Alternative Care Program  Yes  
 Do you receive SSDI or SSI benefits  Yes What is your disability \_\_\_\_\_

Do you smoke or use tobacco  Yes  No  
 Please note any health concerns/medical conditions \_\_\_\_\_

\_\_\_\_\_  
 Please list any other agencies or programs currently providing services to help you stay in your home

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 \_\_\_\_\_

<p><b>Services Interested In (check all that apply)</b></p> <p><input type="checkbox"/> Companionship/Friendly Visit</p> <p><input type="checkbox"/> Reassurance Phone Calls</p> <p><input type="checkbox"/> Light Housekeeping</p> <p><input type="checkbox"/> Odd jobs/Home Repairs</p> <p><input type="checkbox"/> Laundry</p> <p><input type="checkbox"/> Pet Care</p> <p><input type="checkbox"/> Outdoor Chore</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Shopping/Errands</p> <p><input type="checkbox"/> Respite Care</p> <p><input type="checkbox"/> Other _____</p>
---

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

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

<p><b>Office Use</b> Date Received: _____ Notification Letter Sent: _____ Background completed &amp; referenced: _____ Date of Follow Up: _____</p>
---