



**FAITH
IN ACTION**

Faith In Action

705 South Buchanan Street
Prairie du Chien, WI 53821

Phone: 608 357-2361 or 888-340-6582

Fax: 608 357-2150 E-mail: faithinaction@mhtc.net

Care Receiver Application

Referral made by _____

Name _____ Spouse _____

Birthdate _____ Date of interview _____

Address _____ Phone _____

Church Affiliation _____

Miles to services _____ Lives in : house apartment trailer home

Living Arrangements: alone with spouse with other family members

Other Please explain: _____

Do you have family members or friend(s) assisting you? _____

How did you hear about Faith in Action? _____

Do you make your own meals now? Yes No.

Do you use Meals on Wheels or Senior Dining? Yes No

Do you drive? Yes No

Services Requested (check all that apply):

Transportation/outing

Shopping for me

Take me shopping

Occasional meal preparation

Light housekeeping

Telephone reassurance

Respite care

Snow Shoveling

Minor home repairs

Bills/record keeping

Yard work/gardening

Caring companionship

Someone to read to me

Letter writing

Other services you may need that we don't have listed? _____

Would a male volunteer be acceptable? Yes No

Would a female volunteer be acceptable? Yes No

Do you have pets in the home? Yes No

Dog(s)_____Cat(s)_____Other_____Explain:_____

Does anyone smoke inside your home? Yes No

Mobility: Ambulatory Cane Walker Wheelchair/Scooter

Please check any of the following conditions that affect the care receiver:

- Confined to a bed or wheelchair
- Infectious disease in communicable stages
- Mental health issues
- Vision impairment
- Hearing impairment
- Chewing/swallowing difficulties
- Mobility Problems
- Incontinent
- Smoker
- Allergies _____
- Alzheimer's /Dementia

Please give more detail on any of the above conditions or any other concerns the volunteer should be aware of. _____

Primary Physician's Name _____

Name of Clinic _____ Phone _____

In the last six months , have you:

Had any hospital admissions? Yes No I yes, please explain: _____

Had any recent surgeries? Yes No If yes, please explain: _____

Had any falls? Yes No If "yes", please explain: _____

Socialization:

Do you know your neighbors? Yes No

Do you have friends or family close to you? Yes No

Do you have opportunities to get out? Yes No

Do you feel isolated? Yes No

EMERGENCY CONTACTS- (Friend, Neighbor, or Relative)

PLEASE LIST AT LEAST ONE LOCAL CONTACT

1) Name _____ Relationship _____

Address _____ Phone # _____

2) Name _____ Relationship _____

Address _____ Phone _____

Is there someone who helps in your caretaking that you would like the volunteer or Program Director to discuss your FIA activities with? Yes No

Name _____ Relationship _____

Address _____ Phone _____

Background Check

Faith In Action-Crawford County takes seriously its obligation to provide a safe environment for all the people involved in its activities. FIA reserves the right to conduct background checks on all individuals applying to receive services. Sign below to authorize FIA to conduct a Wisconsin Department of Justice records check on you at their discretion.

(Care Receiver Applicant signature)

(Date)

I understand that a Faith In Action-Crawford County volunteer or care receiver can be released from service within the sole discretion of the Program Coordinator and without advanced notice or without any opportunity to appeal the decision.

(Care Receiver Applicant signature)

(Date)

Release of Information

I give my permission for the Faith In Action Program Director to give my contact information to a Faith In Action Volunteer and to share it with other programs of the Crawford County Department of Aging upon my request.

(Care Receiver Applicant signature)

(Date)

Programs	I use this service currently	I am aware of this service	I would like more information
Department of Aging Transport Van			
Meals on Wheels/ Senior Dining			
Benefit Specialist			
Friendly Visitor Daily Call			
Faith In Action Support Services			
Alzheimer's Family Caregiver Support			
Home Health Services			
Housekeeping/Chore Services			
Other			

	I am on the waiting list	I receive services currently	I would like more information
Crawford County Dept. of Aging & Human Services- Long Term Support & Community Options			

