Client Assessment – Other Services

Name:				Date _	-	Гaken by		
	First	M.I	Last					
Birthdate _			Phone		Cell			
Street Address Apt#								
Mailing Addr	ess			City	St	Zip		
☐ 60+	d Health N	☐ Disable		Lives in Poll	c County	☐ MA/MTM		
CCCW		☐ IRIS/M	ГΜ	☐ Social Secu	rity Disability	Applied for SSD		
☐ Can get i	nto a vehi	cle on your o	wn?	Uses Walker	r ?	☐ Wheel Chair?		
Single	☐ Marr	ied/Partnered	b			Widowed Divorced		
Single Married/Partnered Widowed Divorced Name & Birthdate of Spouse/Partner Veteran Spouse of Veteran Email Address								
		use of Vetera	n Email	Address				
Church Affilia	ation:							
Emergency Contact Name Relationship								
Name Relationship								
Address: _		City		State	Ziţ	p Phone		
Lives in:	☐ Hou	se 🗌 Apa	rtment [Mobile Home	Alone	☐ Heat Alert		
Names, relationships, ages of all members living in the home								
1.	•			2				
Services Re Books-to Friendly Houseke Meal Pre Minor Re	equested: o-Go Visits eeping ep epairs		☐ Phone ☐ Respi ☐ Shopp ☐ Yard '☐ Other	e Reassurance te Care sing for client/errand Work	Transperiment According Dialectics	ortation to: ess to Food lysis/Cancer er Medical er Local		
How did you do this before calling us?								
How did you hear about our program?								
 □ Doctor/Medical Center □ Polk County Human Services □ Newspaper/Flyer 								
Other:				Name:				

What is your greatest concern /need?								
Needs Assessment:								
Health concerns volunteers should be aware of:								
☐ Diabetes ☐ Arthritis ☐ Emphysema ☐ ☐ Cancer ☐	☐ Shortness of Breath ☐ Dialysis	Uses Oxygen						
☐ Stroke ☐ Seizures ☐ Difficulty swallowing	Poor Vision	☐ Hard of hearing						
Activities of Daily Living Independent in bathing Independent in toileting								
Mental Health Status Alert Dementia Developmental Disability Bi-Polar	☐ Confusion ☐ PTSD	☐ Memory Loss☐ Depression						
Current Medical Concerns:								
☐ Smoker? ☐ Has Cat(s) ☐ Has Dog(s)	Other:							
Is there a preference for the gender of the volunteer? Male Female Either								
Other types of community assistance/support								
☐ Friends ☐ Family/Relatives ☐ Neighbors ☐ Church								
☐ Meals on Wheels ☐ ADRC/Public Health/Human Services								
What type of assistance/support do the above give?								
For Office Use Only								
Entered into GiftWorks: Enter into Assisted Rides: Unduplicated Client List: Mailed: Client letter & Program Brochure Date Background check date: In Home Evaluation Date: Add Other Services to Excel spreadsheet & Astal	_Date: : by:							