



**What is your greatest concern /need?**

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**Needs Assessment:**

**Health concerns volunteers should be aware of:**

- Diabetes     Arthritis     Emphysema     Shortness of Breath     Uses Oxygen  
 Cancer     Dialysis
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- Stroke     Seizures     Difficulty swallowing     Poor Vision     Hard of hearing

**Activities of Daily Living**

- Independent in bathing     Independent in toileting

**Mental Health Status**

- Alert     Dementia     Confusion     Memory Loss  
 Developmental Disability     Bi-Polar     PTSD     Depression

**Current Medical Concerns:**

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- 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Enter into Assisted Rides: \_\_\_\_\_ Date: \_\_\_\_\_  
Unduplicated Client List: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailed: Client letter & Program Brochure Date: \_\_\_\_\_  
 Background check date: \_\_\_\_\_  
 In Home Evaluation Date: \_\_\_\_\_ by: \_\_\_\_\_  
 Add Other Services to Excel spreadsheet & Assisted Rides if cluster  
 Call MTM with Forward Health number