



# The Senior Connection

## Request for Assistance

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

Title	First Name	M.I.	Last Name	
Address		City	State	Zip Code
Apartment #				
Home Phone		Cell Phone	E-mail Address	
Date of Birth	Source of Referral		Gender Male ___	
Interest/Hobbies:	Name of individual and name of agency/organization		Female ___	
	Referral phone number			
(This information is <b>OPTIONAL</b> , but if provided, will help us to better match a volunteer, specifically, if you attend a local congregation)			<b>Directions:</b>	
Religious Affiliation: _____ ( Jewish, Protestant, Catholic, Islamic, Buddhist, etc)			<b>Special notes:</b>	
Denomination: _____ (Baptist, Orthodox, Methodist, Unitarian, Nondenominational, etc.)				
Name of Congregation: _____ City: _____				
Currently active/attending: Yes ___ No ___				

### EMERGENCY CONTACT INFORMATION (Required)

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

Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Office Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

### TYPE OF REQUEST(S)

<input type="checkbox"/> Transportation to medical appointment <input type="checkbox"/> Transportation to other than medical Wish to go to: _____ (I.e. shopping, hairdresser, etc.) <input type="checkbox"/> Computer assistance <input type="checkbox"/> Respite care <input type="checkbox"/> Meals/ chores /laundry/ yard work	<input type="checkbox"/> Shopping/Errand assistance <input type="checkbox"/> Friendly visitor <input type="checkbox"/> Telephone reassurance <input type="checkbox"/> Help with reading/writing <input type="checkbox"/> Assistance with filling out forms/bill paying <input type="checkbox"/> Language assistance for _____ (name of preferred language) <input type="checkbox"/> Other _____
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<b>SPECIAL NEEDS</b> <input type="checkbox"/> Uses a Cane <input type="checkbox"/> Uses a Walker <input type="checkbox"/> Diabetes <input type="checkbox"/> Visually Impaired: <input type="checkbox"/> macular degeneration <input type="checkbox"/> Cataract <input type="checkbox"/> Glaucoma <input type="checkbox"/> Total blindness <input type="checkbox"/> Seeing eye dog <input type="checkbox"/> Reads brail	<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Wears hearing aid <input type="checkbox"/> Needs voice management <input type="checkbox"/> Uses an Oxygen Tank <input type="checkbox"/> Has Prosthesis of the _____ <input type="checkbox"/> Speech impairment <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Depression/Mental illness <input type="checkbox"/> Other: _____																						
<b>LIVING ARRANGEMENTS</b> <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with spouse/family <input type="checkbox"/> Lives in group residential facility <input type="checkbox"/> Is female head of household (Claims dependents)	<b>FUNCTIONAL STATUS</b> <input type="checkbox"/> Able to get out independently <input type="checkbox"/> Needs assistance with walking <input type="checkbox"/> Wheelchair/homebound (For transportation, individual must be able to transfer from wheelchair and leave chair behind)																						
<b>FAMILY SIZE:</b> _____ <b>ANNUAL INCOME:</b> \$ 0 - \$15,000 _____ \$15,001 - \$25,000 _____ \$25,001 - \$35,000 _____ \$35,001 - \$45,000 _____ \$45,000 or above _____	<b>LEVEL ASSIGNED:</b> EL: _____ L: _____ M: _____ O: _____ <hr/> <b>Interviewed by:</b> _____																						
<b>ETHNICITY: (As self identified)</b> <b>WHITE</b> <b>BLACK/AFRICAN AMERICAN</b> <b>ASIAN</b> <b>AMERICAN INDIAN/ALASKAN NATIVE</b> <b>NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER</b> <b>AMERICAN INDIAN/ALASKAN NATIVE/WHITE</b> <b>ASIAN/WHITE (ASIAN PARENT &amp; WHITE PARENT)</b> <b>BLACK or AMERICAN INDIAN AND WHITE</b> <b>AMERICAN INDIAN OR ALASKAN NATIVE/BLACK</b> <b>OTHER MULTI-RACIAL</b>	<table border="1"> <thead> <tr> <th data-bbox="815 1087 1133 1150">NOT LATINO/ HISPANIC</th> <th data-bbox="1133 1087 1430 1150">LATINO/ HISPANIC</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	NOT LATINO/ HISPANIC	LATINO/ HISPANIC	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>For Office Use Only:</b> Date received in office: _____	Date entered in Database: _____																						