



# FAITH IN ACTION OF DODGE COUNTY

P.O. Box 246 \* Kasson, MN 55944 \* (888) 634-3654  
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## 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

**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  No  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 \_\_\_\_\_

**Services Interested In (check all that apply)**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Companionship/Friendly Visit | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Reassurance Phone Calls      | <input type="checkbox"/> Shopping/Errands |                                       |
| <input type="checkbox"/> Light Housekeeping           | <input type="checkbox"/> Moving           |                                       |
| <input type="checkbox"/> Odd jobs/Home Repairs        | <input type="checkbox"/> Other _____      |                                       |
| <input type="checkbox"/> Laundry                      |   |                                       |
| <input type="checkbox"/> Pet Care                     |   |                                       |
| <input type="checkbox"/> Heavy Cleaning/Organization  |   |                                       |
| <input type="checkbox"/> Outdoor Chore                |   |                                       |

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 \_\_\_\_\_

**Office Use** Date Received: \_\_\_\_\_ Notification Letter Sent: \_\_\_\_\_  
Background completed & referenced: \_\_\_\_\_ Date of Follow Up: \_\_\_\_\_