



FAITH IN ACTION OF DODGE COUNTY  
 P.O. Box 246 \* Kasson, MN 55944 \* (888) 634-3654  
 fiadodge@kmtel.com \* www.fiadodgecounty.org

## 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 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)**

- Companionship/Friendly Visit
- Reassurance Phone Calls
- Light Housekeeping
- Odd jobs/Home Repairs
- Laundry
- Pet Care
- Heavy Cleaning/Organization
- Outdoor Chore
- Transportation
- Shopping/Errands
- Respite Care
- Other \_\_\_\_\_

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: \_\_\_\_\_