

Do you have a county case manager/social worker Yes No
If yes, please provide name & phone number _____

Emergency Contacts

1st Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

<p>Services Interested In (check all that apply)</p> <p><input type="checkbox"/> Companionship/Friendly Visit <input type="checkbox"/> Reassurance Phone Calls <input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Odd jobs/Home Repairs <input type="checkbox"/> Laundry <input type="checkbox"/> Heavy Cleaning/Organization <input type="checkbox"/> Outdoor Chore</p> <p><input type="checkbox"/> Transportation <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Respite Care (Up to 3 hours) <input type="checkbox"/> Other _____</p>

I certify that the above information is accurate and I give my consent for Faith In Action of Dodge County, to conduct a routine background check.

Signature of Care Recipient _____ Date _____

<p>Office Use Date Received: _____ Notification Letter Sent: _____ Background completed & referenced: _____ Date of Follow Up: _____</p>
