

Client Intake and Need Survey:

Name: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

Birthdate: _____ Age: _____ Church _____

LIVE ALONE: YES ___ NO ___ LOW INCOME: YES ___ NO ___ VETERAN: YES ___ NO ___

MEDICAID: YES ___ NO ___ AMBULATORY: YES ___ NO ___ AARP: YES ___ NO ___

MEDICAID ID# _____

SPECIAL NEEDS (oxygen, wheelchair, etc.) _____

Transportation Needs:

Medical transportation:

Primary Care Physician: _____

Specialist(s), location, frequency: _____

Other transportation needs and destinations:

Grocery shopping ___ other shopping ___ Senior Center ___ Church ___ Meetings ___ Special Events ___ Other _____

Comment: _____

Medical or Health Equipment Loan Needs:

Faith in Action Volunteers and the Sidney American Legion Auxiliary partner to loan clean, working medical equipment.

Could you use a walker, wheelchair, toileting or bathing device or other item? YES ___ NO ___

Do you have any medical equipment you would be willing to donate? YES ___ NO ___

Comment: _____

Caregiver Needs:

The Fremont County Caregiver Support Group meets the 4th Monday of each month from 7-8:30 p.m. in the Sidney Community Room on the Square.

Are you a caregiver? YES ___ NO ___ Comment: _____

Could you use a RESPITE Volunteer if properly matched for your situation? YES ___ NO ___

Comment: _____

Survey completed by _____ Date _____