

Caleb Interfaith Volunteer Caregivers

Care Receiver Information

[] Mr. [] Mrs. [] Ms. Date: ____/____/____

First Name: _____ Last Name: _____

Street Address/PO Box: _____ Apt.# _____

Town: _____ State: _____ Zip Code: _____

Detailed Directions: _____

Phone Number: (____)-____-____ Date of Birth: ____/____/____ Race: _____

Religious Affiliation: _____ Family Size: _____ Email: _____

Veteran? Yes [] No []

Emergency Contacts:

Name: _____ Phone (H) ____/____/____ (W) ____/____/____

Address : _____ Relationship: _____

Name: _____ Phone (H) ____/____/____ (W) ____/____/____

Address : _____ Relationship: _____

Name: _____ Phone (H) ____/____/____ (W) ____/____/____

Address : _____ Relationship: _____

MAIL FILLED OUT APPLICATION TO:

Caleb Caregivers

38 King's Square, Whitefield, NH 03598
Phone: 603-837-9179 Fax: 603-837-3332
caleb@ncia.net

Caleb Interfaith Volunteer Caregivers

Care Receiver Assessment

Referred By: _____ Date ____/____/____

Contact Person: _____ Contact Phone: (____)-____-____

Living Arrangement: [] Lives alone
[] Lives with spouse/family
[] Lives with others

Function Status: [] Able to get out independently
[] Able to get out with assistance
[] Homebound

Equipment Used: [] Cane [] Grab Bars
[] Oxygen [] Prosthesis
[] Walker [] Wheelchair

Brief Medical History and/or Primary Diagnosis: _____

At Risk For: _____

Income: SS/SSI: _____ Other (List) _____

Needs: [] Administrative [] Commodity Food Delivery
[] Chores [] Housekeeping
[] Computer Lab [] Other _____
[] Meals [] Paperwork/Reading/Writing
[] Pet Services [] Reassurance Phone Calls
[] Shopping [] Transportation - Medical
[] Transportation - Shopping [] Visiting

Support System:

Agencies: _____ Physician: _____

Assessed By: _____ Date ____/____/____

My Documents/Care Receiver/Care Receiver Information-Assessment
Last Updated: 4/27/10

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