



Friendly Visitors Program CLIENT Application – Please Print (04.02.18)

Form Rec at MOWDR: _____ Reviewed by: _____ (date) _____ Entered into CT by: _____ (date) _____ In Home Assessment by: _____ (date) _____ Notes: _____
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Fill in the blank or circle best answer FORM COMPLETED BY: _____

Date: _____ Able to Hear Over Phone: Y N Client Wears Hearing Aids: Y N

Name: Last _____ **First** _____ **Date of Birth:** _____

Gender: M F **Marital Status:** _____ **Veteran:** Y N **Cal Fresh Recipient:** Y N

Address _____ **City** _____ **Zip** _____

Lives Alone: Y N Lives in a: *Private Residence Board & Care Senior Living Facility*

(Name of Board & Care or Senior Living Facility: _____)

Home Phone () _____ **Cell Phone ()** _____ **Alt Phone ()** _____

Best Days & Times for Visit _____ Flexible? Y N

Evening visit? Y N Saturday or Sunday visit? Y N

E Mail Address: _____

How did you hear of the Friendly Visitors Program: _____

Relationship: _____ Contact phone: () _____

Medical Coverage: Medicare Medi-Cal Other: _____

Ethnicity: (Check only one)

Race: (Check only one)

Hispanic/Latino	Am. Indian / Alaska Native	Hawaiian / Pac Islander	Other
Non Hispanic/Non Latino	Asian	White	
Decline to state	Black / A.A	Decline to State	

Primary Language: _____ Limited English: Y N Interpreter Available: Y N

Memory Issues: Y N If Yes: Mild Moderate Severe

Mobility: Independently, Cane, Walker, Wheelchair (able to self-transfer from wheelchair: Y N), Bed bound

Diabetic: Y N Uses Oxygen: Y N Smoker in Home: Y N

Pets in Home: Y N If Yes, Type: _____

CLIENT'S PHYSICAL CONDITION AND/OR LIMITATIONS: _____

Client Name: _____

Client Questions: Getting to Know You Better

How long have you lived in the area? _____

Where were you born? _____

What are (or used to be) your special interests, hobbies or occupation?

Do you enjoy: Arts & crafts? Needle work? Gardening? Board games? Playing cards?
Reading?

Would you like to visit with your volunteer at home or go out? _____

Do you belong to any clubs, organizations or groups? _____

Do you like to talk about: sports/travel/history/current events/other topics? _____

Favorite movies or TV shows? _____

Do you prefer your visitor be a man or woman or no preference? _____

Any other details to help us find a nice friend for you? _____

Interested in our Friendly Caller program? Y N if Yes: M/W (10 am – noon) T/TH (11 am -1 pm)

Circle the best answer. Response is optional.

Monthly Income SINGLE					Monthly Income MARRIED					
Less than \$973	\$974-\$1613	\$1614-\$2683	Greater than \$2684	Decline	Less than \$1311	\$1312-\$1842	\$1843-\$3067	Greater than \$3068	Decline	

EMERGENCY CONTACT

Name: Last _____ First _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Home () _____ Cell () _____ Work () _____

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We are a 501(c)(3) nonprofit organization IRS# 68-0044205 1300 Civic Drive, Walnut Creek, CA 94596

FAX: 925.946.1869 **PHONE: 925.937.8311** info@mowsdr.org

Information given on this form is confidential.

Intake Questionnaire

Client Name: _____

Phone: _____ Date: _____

Please answer the three questions below. Write the score of the answer that best reflects your feelings in the first column ("Application Date") to the right.

Staff use:
Match Date: _____ Matched With: _____ Phone: _____

Client answers Questions for Application date. Staff will call for 30, 60 and 90 days after a match is made.				Application Date: _____ Write Score below	30 Days Date:	60 Days Date:	90 Days Date:
Question:	Answer Choices / Score						
1. How often do you feel that you lack companionship?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
2. How often do you feel left out?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
3. How often do you feel isolated from others?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
TOTAL SCORE							

STAFF USE : QUESTION AT 6 MONTHS (Date: _____)

Do you feel that having a Friendly Visitor has improved the quality of your life?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3	
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Comments: _____