



1300 Civic Drive, Walnut Creek, CA 94596 • Phone: 925.934.8311 • Fax: 925.946.1869 • info@mowdr.org • mowdiablregion.org

FRIENDLY PROGRAMS CLIENT APPLICATION

VISITORS CALLERS HELPERS

Please **PRINT** clearly (Rev 11/2020)

Rec at MOWDR: _____ Reviewed by: _____ on _____ Home Visit by: _____ on _____
Notes: _____

If you are completing this form for another person, please include your name and number.

Name: _____ Phone: (_____) _____

Date: _____

Client Last Name: _____ First Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Cell Phone: (_____) _____ Can you send and receive text messages? Yes No
Alternate Phone: (_____) _____ Do you have voice mail? Yes No

Preferred language: _____ Second language: _____

Email: _____ Veteran: Yes No Marital Status: _____

Live Alone or with (name and relationship) _____

Live in a: Private Residence Board & Care Senior Living Facility

Name of Board & Care or Senior Living _____

Phone Number of Board & Care or Senior Living: (_____) _____

Last Name: _____ First Name: _____

Gender: Male Female Trans Male Trans Female Genderqueer/Gender Non-binary
 Gender Unknown Not listed, please specify: _____ Decline to State

Sexual Orientation or Sexual Identity: Straight/Heterosexual Bisexual Gay/Lesbian/Same-Gender Loving
 Questioning/Unsure Not listed, please specify: _____ Decline to State

Ethnicity: Hispanic/Latino Not Hispanic/Not Latino Ethnicity Unknown Decline to State
Race: American Indian or Native Alaskan Asian Black/African American
 Native Hawaiian or Pacific Islander White Multiple Races
 Not listed, please specify: _____
 Decline to State Unknown

Approximate total monthly income: _____ Cal-Fresh Recipient: Yes No

Current support system (friends, family members, care givers, etc.): _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: (____) _____ Email: _____

Mobility: Walk independently Cane Walker Wheelchair/Bedbound

Hearing: Good Limited Hearing Aids Able to hear over the phone? Yes No

Vision: Good Limited Low Vision (describe): _____

Memory Issues: Yes No If yes, describe: _____

Do you own a medical alert device? Yes No Do you wear it: Daily Often Rarely Never

Other health issues/conditions/limitations: _____

Are you driving? Yes No Are there smokers in the home? Yes No

Do you receive Meals on Wheels? Yes No

Would you like information on Meals on Wheels? Yes No

Would you like information on Fall Prevention? Yes No

Last Name: _____ First Name: _____

Are there pets in the home? Yes No How many: Dog(s) _____ Cat(s) _____ Other _____

Available days for a visit: Mon Fri Best times for a visit: 10am–Noon
 Tues Sat Noon–2pm
 Wed Sun 2pm–4pm
 Thurs After 4pm

Do you need assistance with: Shopping Errands Transportation
 Reading Mail Other _____

Do you enjoy: Reading Board Games
 Music Card Games
 Movies Sports

Tell us a few things you enjoying doing: _____

Tell us a few things you like to talk about: _____

Do you prefer a man or woman visitor, or no preference? Man Woman No Preference

Would you consider a volunteer who visits with children? Yes No

Any other details to help us find a compatible volunteer for you? _____

ALL INFORMATION GIVEN IS CONFIDENTIAL.

This institution is an equal opportunity provider and employer, serving Contra Costa County since 1968.

We are a 501(c) 3 Nonprofit Organization, IRS #68-0044205

Meals on Wheels Diablo Region

1300 Civic Drive, Walnut Creek, CA 94596 • Fax: (925) 946-1869 • Phone: (925) 937-8331 • info@mowdr.org

Last Name: _____ First Name: _____

Phone: (_____) _____ Date: _____

INTAKE SURVEY

Please answer the three questions in the table below. Write the number of the answer that matches your feelings in the first column (under "Application Date").

Match Date: _____ Volunteer Name: _____ Volunteer Phone: _____

Please answer questions 1-3 and write the number in the first column under "Date." Once you are matched with a volunteer, Staff will call at 30, 60, and 90 days to ask these three questions.				Application Date: _____	30 Days Date: _____	60 Days Date: _____	90 Days Date: _____
Question:	Answer:			Write the number of the answer below:			
1. How often do you feel that you lack companionship?	Hardly Ever = 1	Some of the time = 2	Often = 3				
2. How often do you feel left out?	Hardly Ever = 1	Some of the time = 2	Often = 3				
3. How often do you feel isolated from others?	Hardly Ever = 1	Some of the time = 2	Often = 3				
TOTAL							
STAFF USE: QUESTION AT 6 MONTHS Date: _____							
Do you feel that having a Friendly Visitor has improved your quality of life?	Hardly Ever	Some of the time	Often				