



1300 Civic Drive, Walnut Creek, CA 94596 • phone / 925.937.8311 • fax / 925.946.1869 • info@mowdr.org • www.mowdiablregion.org

**Friendly Visitors Program CLIENT Application – Please Print** (form rev 6/25/2019 mh on fund drive)

Form Rec at MOWSOS: _____ 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 Volunteer who visits with children? Y N

E Mail Address: \_\_\_\_\_

How did you hear of the Friendly Visitors Program: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact phone: ( ) \_\_\_\_\_

**Ethnicity:** (Check only one)

**Race:** (Check only one)

<b>Hispanic/Latino</b>		Am. Indian / Alaska Native	Hawaiian / Pac Islander	Other
<b>Non Hispanic/Non Latino</b>		Asian	White	
<b>Decline to state</b>		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:** \_\_\_\_\_

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Client Name: \_\_\_\_\_ pg. 2

**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: Mon/Wed: 10-12 | Tues/Thurs:10-12 or 1-3p

Circle the best answer:

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 ( ) \_\_\_\_\_

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) 937-8311, info@mowdr.org

# 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 (under "Application Date").

*Staff use:*  
 Match Date: \_\_\_\_\_ Matched With: \_\_\_\_\_ Phone: \_\_\_\_\_

Client answers questions 1-3 and writes score in 1 <sup>st</sup> column under "Application Date". Once you are matched with a volunteer, Staff will call at 30, 60 and 90 days to ask these 3 questions.				<b>Application Date: _____</b> <b>Write Score below</b>	<b>30 Days</b> Date:	<b>60 Days</b> Date:	<b>90 Days</b> Date:
Question:	Answer Choices / Score						
1. How often do you feel that you lack companionship?	Hardly Ever Score: <b>1</b>	Some of the time Score: <b>2</b>	Often Score: <b>3</b>				
2. How often do you feel left out?	Hardly Ever Score: <b>1</b>	Some of the time Score: <b>2</b>	Often Score: <b>3</b>				
3. How often do you feel isolated from others?	Hardly Ever Score: <b>1</b>	Some of the time Score: <b>2</b>	Often Score: <b>3</b>				
<b>TOTAL SCORE</b>							

**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: \_\_\_\_\_