



Northwoods
Interfaith
Caregivers are
Essential

Carereceiver Application

Northwoods Interfaith Volunteer Caregivers Program

616 America Ave Suite 170

Bemidji, MN 56601

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In order for us to begin serving you, we need as much information as possible from ALL 3 PAGES:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Email: _____

Gender: _____ Date of Birth (M/D/Y): _____ Age: _____

I am seeking services in the following areas (check all that apply):

Home Assistance

- ____ respite care
- ____ friendly visiting
- ____ telephone reassurance
- ____ paperwork help

Chore Services

- ____ yard maintenance
- ____ shoveling (winter)
- ____ raking (fall)

Transportation (60-mi radius from your home)

- ____ shopping assistance
- ____ medical appointments
- ____ social events
- ____ church activities

Please list reasons the "NICE" Services are needed (i.e. Medical Information, Health Status, etc.)

Interests, hobbies, enjoyable outings, etc. that may help us make a match with a volunteer:

I need assistance ____ hours: ____ a weekly ____ a monthly ____ as needed

I would like a volunteer:

____ from my church (please list on page 2) ____ from my community

____ male ____ female ____ doesn't matter

Emergency Contacts:

Name: _____ Home Phone: (_____) _____

Relation to Carereceiver: _____ Other Phone: (_____) _____

Primary Physician Name: _____ Phone: (_____) _____

Health Status

Are you on Medical Assistance (NOT Medicare): Yes No

Mobility

gets out independently
 needs assistance
 homebound

Personal Care

independent
 needs assistance
 total assistance

Emotional Status

good
 moderate
 other

Communication

Vision

good
 moderate
 impaired

Hearing

good
 moderate
 impaired

Speech

good
 moderate
 impaired

Social Contacts

many
 some
 few

Living Situation

alone with spouse with family with friend other

Referral Source:

friends radio/TV presentation medical self
 church school newspaper family other

Name of Person or Agency that told you about NICE: _____

Please check other services you are currently using:

Transportation services Meals on Wheels Senior Center
 North Country Home Care & Hospice Beltrami Nursing Services Adult Day Services

Optional Information: (answers shared may be helpful when matching volunteer with carereceiver, and will also benefit as statistical information)

Race:

White Hispanic African American Native American Other

Religion:

Catholic Presbyterian Baptist
 Seventh Day Adventist Jehovah Witness Baha'i
 Evangelical Methodist Unitarian
 Episcopal Lutheran Other

Congregation: _____

Effective September 1st, 2007 Northwoods Interfaith has implemented a "Fee for Service" for all Transportation Services (such as transportation to medical appointments, grocery shopping assistance and meal deliveries). Fees are determined by a Sliding Fee Scale as well the number of miles driven each month. Please fill out the following information to determine your "fee."

Please check ONLY ONE LINE that best reflects your household's gross monthly income. Please include yourself in the Family Size:

<u>Family Size: 1</u>	<u>Family Size: 2</u>	<u>Family Size: 3</u>
___ \$0-\$1000	___ \$0-\$1,250	___ \$0-\$1,550
___ \$1001-\$1,400	___ \$1,251-\$1,650	___ \$1,551-\$2,000
___ \$1,401-\$1,800	___ \$1,561-\$2,400	___ \$2,001-\$2,700
___ Greater than \$1800	___ Greater than \$2,400	___ Greater than \$2,700
<u>Family Size: 4</u>	<u>Family Size: 5</u>	<u>Family Size: 6</u>
___ \$0-\$1,800	___ \$0-\$2,100	___ \$0-\$2,300
___ \$1,801-\$2,400	___ \$2,101-\$2,600	___ \$2,301-\$2,800
___ \$2,401-\$3,000	___ \$2,601-\$3,300	___ \$2,801-\$3,500
___ Greater than \$3,000	___ Greater than \$3,300	___ Greater than \$3,500

If someone **OTHER** than the Carereceiver should receive Monthly Transportation Invoices and other "NICE" mailings (such as the newsletter and other program information), please list here: (Include person's name, address and relation to the Carereceiver):

If volunteer respite services do not fit your needs or are unavailable, Northwoods Interfaith has a subsidy fund available for paid respite services. Northwoods Interfaith will provide the primary caregiver with a list of qualified private paid respite providers in your area, and walk you through the process. The available subsidy fund is based on a sliding fee scale.

PLEASE COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ARE INTERESTED IN RESPITE CARE:

Primary Caregiver Name: _____

Primary Caregiver Age: _____

How long has the primary caregiver been caregiving? _____

Gender of Primary Caregiver: _____ Male _____ Female

Is the Primary Caregiver raising grandchildren? _____

Is the Primary Caregiver living with the carereceiver? _____

Please remember a Caregiver Support Group is available through Adult Day Services of Bemidji. For more information please call (218) 751-1324.

Any Additional Comments? _____
