



## Carereceiver Application

616 America Ave Suite 170 Bemidji, MN 56601

[www.northwoodscaregivers.org](http://www.northwoodscaregivers.org)

Email: [nice@paulbunyan.net](mailto:nice@paulbunyan.net)

Fax: (218) 333-8263

**Cindi Lee Jernigan, Executive Director**  
(218) 333-8264 or toll free (888) 534-4432

**Missy Thomas, Director of Care Services**  
(218) 333-8266

**Carol Priest, Caregiver Advocate**  
(218) 333-8265

**Sabrina Anderson, Transportation Coordinator**  
(218) 333-8262

**Serenity Walker, Volunteer Coordinator**  
(218) 333-8262

**Karen Bedeau, Dementia Outreach Advocate**  
(218) 333-8262

**In order for us to begin serving you, please complete ALL 4 PAGES and SIGN the application on the bottom of the last page:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Legal Status:**  Responsible for Self  Under Guardianship/Conservatorship  
 Under Commitment  Power of Attorney

***\*If someone OTHER than the Carereceiver should receive Monthly Transportation Invoices and other mailings from Northwoods Caregivers, please list here.***

Name: \_\_\_\_\_ Relation to Carereceiver: \_\_\_\_\_

Address or Email: \_\_\_\_\_

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

### **Caregiver Support Services**

- Respite Care
- Caregiver Coaching
- Homemaking
- Home Modification
- Aging Life Care Management
- Home Health Care

### **Local Transportation**

- Shopping Assistance
- Medical Appointments
- (Not available if on MA)

Additional interests to help us make a match (hobbies/interests, enjoyable outings, etc.)

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**I need assistance:** \_\_\_\_\_ hours: \_\_\_\_\_ a week \_\_\_\_\_ every two weeks \_\_\_\_\_ a month

**I would like someone:**

\_\_\_\_\_ from my church (please list on page 4) \_\_\_\_\_ from my community

\_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ doesn't matter

**Health Status:**

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

Are you on Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are you a *service connected disabled veteran*? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Mobility**

\_\_\_\_\_ gets out independently  
\_\_\_\_\_ needs assistance  
\_\_\_\_\_ homebound

**Personal Care**

\_\_\_\_\_ independent  
\_\_\_\_\_ needs assistance  
\_\_\_\_\_ total assistance

**Emotional Status**

\_\_\_\_\_ good  
\_\_\_\_\_ moderate  
\_\_\_\_\_ other

**Vision**

\_\_\_\_\_ good  
\_\_\_\_\_ moderate  
\_\_\_\_\_ impaired

**Hearing**

\_\_\_\_\_ good  
\_\_\_\_\_ moderate  
\_\_\_\_\_ impaired

**Speech**

\_\_\_\_\_ good  
\_\_\_\_\_ moderate  
\_\_\_\_\_ impaired

**Social**

\_\_\_\_\_ many  
\_\_\_\_\_ some  
\_\_\_\_\_ few

**Current Medical History** (walker, oxygen, insulin dependent, medical diagnosis, Alzheimer's, etc):

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**Special Dietary needs:** \_\_\_\_\_

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

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**Living Situation**

\_\_\_\_\_ alone \_\_\_\_\_ with spouse \_\_\_\_\_ with family \_\_\_\_\_ with friend \_\_\_\_\_ list other

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Please check other services you are currently using:**

\_\_\_\_ Transportation services      \_\_\_\_ Meals on Wheels      \_\_\_\_ Senior Center  
\_\_\_\_ Sanford HomeCare & Hospice      \_\_\_\_ County Health & Human Services      \_\_\_\_ Adult Day Services

Northwoods Caregivers has a “Fee for Service” for all Respite and Transportation Services (such as transportation to medical appointments, grocery shopping assistance and meal deliveries). Fees are determined by a Sliding Fee Scale as well as the number of miles driven each month. Please fill out the following information to determine your “fee” or if left blank no sliding fee will be used and you will be billed as private pay.

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

**Family Size: 1**                      **Family Size: 2**                      **Family Size: 3**  
\_\_\_\_ \$0-\$980                      \_\_\_\_ \$0-\$1,327                      \_\_\_\_ \$0-\$1,865  
\_\_\_\_ \$981-\$1,471                      \_\_\_\_ \$1,328-\$1,991                      \_\_\_\_ \$1,866-\$2,796  
\_\_\_\_ \$1,472-\$1,961                      \_\_\_\_ \$1,992-\$2,655                      \_\_\_\_ \$2,767-\$3,729  
\_\_\_\_ \$1,962-\$2,452                      \_\_\_\_ \$2,656-\$3,318                      \_\_\_\_ \$3,730-\$4,660  
\_\_\_\_ Greater than \$2,453                      \_\_\_\_ Greater than \$3,319                      \_\_\_\_ Greater than \$4,661

**Family Size: 4**                      **Family Size: 5**                      **Family Size : 6**  
\_\_\_\_ \$0-\$2,245                      \_\_\_\_ \$0-\$2,720                      \_\_\_\_ \$0-\$3,306  
\_\_\_\_ \$2,246-\$3,650                      \_\_\_\_ \$2,721-\$4,076                      \_\_\_\_ \$3,307-\$4,965  
\_\_\_\_ \$3,651-\$4,414                      \_\_\_\_ \$4,077-\$5,382                      \_\_\_\_ \$4,966-\$6,554  
\_\_\_\_ \$4,415-\$5,609                      \_\_\_\_ \$5,383-\$6,795                      \_\_\_\_ \$6,555-\$8,277  
\_\_\_\_ Greater than \$5,610                      \_\_\_\_ Greater than \$6,796                      \_\_\_\_ Greater than \$8,278

**\*\*PLEASE COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ARE APPLYING FOR RESPITE CARE or CAREGIVER COACHING:**

Primary Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Caregiver email: \_\_\_\_\_

Primary Caregiver phone:(\_\_\_\_) \_\_\_\_\_ cell:(\_\_\_\_) \_\_\_\_\_

Primary Caregiver DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 our agency in Bemidji, Bagley and Blackduck. For more information call Carol (218) 333-8265.

**Referral Source:**

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

**Name of Referring Partner:** \_\_\_\_\_

**\*Optional Information: (answers shared when answering Race and Religion will be helpful when matching volunteer with carereceiver, and will also benefit as statistical information)**

**Race:**

\_\_\_ White \_\_\_ Hispanic \_\_\_ African American \_\_\_ Native American \_\_\_\_\_ List Other

If Native American, what is your Tribal Affiliation: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

**Religion:**    **Name of Congregation:** \_\_\_\_\_

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

**Name of other:** \_\_\_\_\_

**Any additional comments/questions?**

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\*Once we receive and process this application, please look for a **Welcome Packet** in the mail or by email, which ever you choose. In this packet will be your Carereceiver Manual and sliding fee determination, if applicable, among a few other important pieces of paperwork. This packet will give you all the information you need in order to proceed in receiving services.

***Thank you for choosing Northwoods Caregivers  
and we look forward to serving you!***

**Signature of client/guardian:** \_\_\_\_\_

**(Required in order to provide services)**

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