



Care Receiver Application
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(218) 333-8264

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(218) 333-8098

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(218) 333-8097

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(218) 333-8204

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(218) 333-8262

Katelin McDonald, Homecare Program Specialist & Media Coordinator

(218) 333-8266
Evelyn Bauer, Office Administrative Support, Transportation

(218) 333-8247
Earlene Buffalo, Billing Specialist Caregiver Advocate

(218) 333-8265

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

First name: _____ Middle name _____ Last 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 Care Receiver should receive Monthly Transportation Invoices and other mailing from Northwoods Caregivers, please list here.**

Name: _____ Relation to Care Receiver: _____
Address or Email: _____

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

Caregiver Support Services

- Respite Care
- Caregiver Coaching
- Homemaking
- 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.)

I need assistance ____ hours: ____ a week ____ every two weeks ____ a month

I would like someone:

____ from my church (please list on page 3) ____ from my community

____ male ____ female ____ doesn't matter

Health Status

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

**** IF YOU HAVE A CASE MANAGER, PLEASE LIST THEIR NAME BELOW.**

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

If yes you are a disable Veteran, Please enter the last 4 digits of Social Security Number:

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.):

Special Dietary

needs:

Allergies: _____

Living Situation

alone with spouse with family with friend other

Do you smoke? Do you have memory concerns?

How many people live with you? _____

Do you have pets in your home? _____ what type of pets? _____

Emergency Contact:

Name: _____ 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. Based on the sliding fee and the number of hours per week requested, we may ask for a one month deposit before starting services.

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

Family Size: 1

\$0-\$980
 \$981-\$1,471
 \$1,472-\$1,971
 \$1,962-\$2,452
 Greater than \$2,453

Family Size: 2

\$0-\$1,327
 \$1,328-\$1,991
 \$1,992-\$2,655
 \$2,656-\$3,318
 Greater than \$3,319

Family Size: 3

\$0-\$1,865
 \$1,866-\$2,796
 \$2,798-\$3,729
 \$3,730-\$4,660
 Greater than \$4,661

Family Size: 4

\$0-\$2,245
 \$2,246-\$3,650
 \$3,651-\$4,414
 \$4,415-\$5,609

Family Size: 5

\$0-\$2,720
 \$2,721-\$4,076
 \$4,077-\$45,382
 \$5,383-\$6,795

Family Size :6

\$0-\$3,306
 \$3,307-\$4,965
 \$4,967-\$6,554
 \$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: _____

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

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 Care Receiver? _____

Please remember a Caregiver Support Group is available through our agency in Bemidji, Blackduck, and Bagley. For more information call Jenn (218) 333-8097

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

Referral Source:

friends Radio/TV presentation medical self
 church school newspaper family list other

Race:

White Hispanic African American Native American Other

If Native American, what is your Tribe Affiliation: _____

Ethnicity: _____ Hispanic _____ Non-Hispanic

Religion: _____ **Name of Congregation:** _____

<input type="checkbox"/> Catholic	<input type="checkbox"/> Presbyterian	<input type="checkbox"/> Baptist
<input type="checkbox"/> Seventh Day Adventist	<input type="checkbox"/> Jehovah Witness	<input type="checkbox"/> Baha'i
<input type="checkbox"/> Evangelical	<input type="checkbox"/> Methodist	<input type="checkbox"/> Unitarian
<input type="checkbox"/> Episcopal	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Other

Any additional comments?

*Once we receive and process this application, please look for a **Welcome Packet** in the mail. In this packet will be your Care Receiver Manual, sliding fee determination, if applicable,

brochures, 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: _____