



Care Receiver Application

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Cindi Lee Jernigan, Executive Director

(218) 333-8264

Karen Bedeau, Dementia Outreach Advocate

(218) 333-8098

Jenn Cole, Associate Director

(218) 333-8097

Denise Smid, Home Health Care Manager

(218) 333-8204

Antoinette Malone, Home & Community Based

Service Manager & First City Coordinator

(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 _____ County Health _____ Adult Day
& Hospice & Human Services 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:** _____

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