Care Receiver Application

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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, Office Manager & Media Coordinator
(218) 333-8266
Earlene Buffalo, Caregiver Advocate
(218) 333-8261

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

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Email: _____ Gender: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

<u>Legal Status:</u> ____Responsible for Self ___ Under Guardianship/Conservatorship
____Under Commitment ___Power of Attorney

***If someone <u>OTHER</u> 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

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: (_____)_____

Relationship:_____

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	**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-$1,971	**____ $1,992-$2,655**	**____ $2,798-$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-$45,382**	**____$4,967-$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: _____

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: _____