



Care Receiver Assessment

Date of interview _____

Name _____ Birth date _____
(Mr., Mrs., Miss, Ms., Dr.) Last First

Address _____ Phone _____

Services Requested (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Minor home repairs |
| <input type="checkbox"/> Shopping with or for a person | <input type="checkbox"/> Bills/record keeping/letter writing |
| <input type="checkbox"/> Respite care (relieving family member for 3-4 hours weekly) | <input type="checkbox"/> Yard work/gardening |
| <input type="checkbox"/> Occasional meal preparation | <input type="checkbox"/> Caring companionship |
| <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Telephone reassurance |
| | <input type="checkbox"/> Someone to read to me |

Living Arrangements: living alone with spouse/family member in nursing home

Other _____

Needs Assessment:

Mobility: cane walker wheelchair bed bound

Aids: Glasses, dentures, hearing aids _____

Sensory problems: (vision, hearing, swallowing, chewing) _____

Other health or specific concerns volunteer should be aware of? _____

Smoker: yes no Pets: _____

Is English the primary language? yes no (please indicate language) _____

Would a volunteer of the opposite sex of the client be acceptable? yes no

Support System:

Emergency Contact _____
Name Relationship

_____ / _____
Address Phone: Day Evening



Contact: 304.907.0428, info@nvcnetwork.org; www.nvcnetwork.org

What other types of assistance/support is client receiving? ___ relatives ___ friends

___ neighbors ___ Meals on Wheels ___ church/synagogue

Other community agencies (specify) _____

What type of assistance/support do the above give? _____

Neighbors who can check on care receiver in an emergency:

Name Address Daytime phone Evening phone

Name Address Daytime phone Evening phone

Congregational affiliation: _____

Source of Referral ___ self If other than self: _____
Name Phone

Loved ones and friends we should add to our newsletter mailing list:

Name Address Relationship

Name Address Relationship

Information taken by: _____