

## **New REQUEST FOR SERVICES**

Date information taken: \_\_\_\_\_ by whom: \_\_\_\_\_ info packet sent or emailed \_\_\_\_\_

email contact \_\_\_\_\_

### **CONTACT INFORMATION:**

First name(s) \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth \_\_\_\_\_ Age: \_\_\_\_\_ Veteran \_\_\_yes\_\_\_no

Address (physical – if different) \_\_\_\_\_

**LOCATION & DIRECTIONS:** \_\_\_\_\_

\_\_\_\_\_

Address (mailing) \_\_\_\_\_

### **GENERAL SITUATION/what they are looking for:**

If transportation is requested: how do they get around now? \_\_\_\_\_

How did they learn of FIA? \_\_\_\_\_

Insurance? \_\_\_\_\_ MaineCare? \_\_\_\_\_ Medicare \_\_\_\_\_ Other \_\_\_\_\_

### **EMERGENCY CONTACT AND OTHER CONTACTS:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### **COMMUNICATIONS:**

Directly with client \_\_\_\_\_ Only with caregiver \_\_\_\_\_ Both \_\_\_\_\_

### **MEDICAL CONDITION & IMPACT ON ABILITIES:**

#### **MOBILITY?**

Ambulatory \_\_\_arm assistance\_\_\_ vision impaired \_\_\_\_\_

Cane \_\_\_\_\_ Walker \_\_\_\_\_ (large wheeled, with seat) \_\_\_folding regular\_\_\_

Wheelchair: (lightweight 32lb.) \_\_\_\_\_ Standard (46 lbs) \_\_\_\_\_ motorized \_\_\_\_\_

DOES THE VOLUNTEER NEED TO ESCORT in/out of the home? \_\_\_\_\_ are there stairs? \_\_\_\_\_

Description of the home's entrance walk and drive: \_\_\_\_\_

DOES THE VOLUNTEER NEED TO ACCOMPANY IN TO APPOINTMENT? \_\_\_\_\_

**PHYSICAL AND MENTAL IMPAIRMENTS:** (check all that apply and describe)

- Vision: \_\_\_\_\_
  - Hearing: \_\_\_\_\_
  - Stroke: \_\_\_\_\_
  - Parkinson's: \_\_\_\_\_
  - Mental Illness: \_\_\_\_\_
  - Memory Loss/Dementia; \_\_\_\_\_
  - Alzheimer's Disease: \_\_\_\_\_
  - Other: \_\_\_\_\_
- 

**LIVING SITUATION:** (CHECK ALL THAT APPLY)

- ALONE
- WITH SPOUSE
- WITH FAMILY
- IN SENIOR HOUSING
- HOMELESS SHELTER
- OTHER: \_\_\_\_\_

Is there any history of depression or anxiety? \_\_\_\_\_ Do the individual seem lonely or isolated? \_\_\_\_\_

How many people does the individual see in a day? \_\_\_\_\_

Referred to FIA Senior Center \_\_\_\_\_

**NOTES:**

**APPROPRIATE FOR FIA?**

**REFERRED TO:**

**ASSESSED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_