

PEOPLE WHO CARE date assigned: _____

PEOPLE WHO CARE date assigned: _____

INTAKE COORDINATOR: _____

INTAKE COORDINATOR: _____

NEIGHBOR: _____

NEIGHBOR: _____

ADDRESS IS CORRECT: yes no

ADDRESS IS CORRECT: yes no

Directions to home (or attach map) _____

Directions to home (or attach map) _____

Also present at the time of this interview: (if applicable) who, and relationship: _____

Also present at the time of this interview: (if applicable) who, and relationship: _____

Living situation: _____

Living situation: _____

Any additions or corrections for Emergency contacts (we must have full addresses for family): _____

Any additions or corrections for Emergency contacts (we must have full addresses for family): _____

Mobility/Physical Limitation observed:

Mobility/Physical Limitation observed:

Observations of walking/stride: _____

Observations of walking/stride: _____

Ability to navigate exterior steps, if applicable:

Ability to navigate exterior steps, if applicable:

Able to get in and out of vehicle with little or no assistance? yes no

Able to get in and out of vehicle with little or no assistance? yes no

Vehicle limitation? _____

Vehicle limitation? _____

Suggestions for volunteer providing assistance _____

Suggestions for volunteer providing assistance _____

Ethnicity:

Ethnicity:

<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> other
<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Maori
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander

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<input type="checkbox"/> African American/Black	<input type="checkbox"/> Maori
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander

Medical Conditions confirmed:

Medical Conditions confirmed:

yes no

yes no

Please check severity of these conditions:

Please check severity of these conditions:

Additions/corrections: _____

Additions/corrections: _____

If applicable:

If applicable:

Bipolar Obsessive/Compulsive Disorder

Bipolar Obsessive/Compulsive Disorder

other _____

other _____

Suggestions for volunteer providing assistance _____

Suggestions for volunteer providing assistance _____

Narrative/comments attached

Narrative/comments attached

Suggest enrollment: yes no

Suggest enrollment: yes no

Suggest decline, why? _____

Suggest decline, why? _____