**People Who Care** New Neighbor Phone Interview

Date: 3/2/2022 **Taken by:** PEGGY

Name:       Phone: home 3 cell

Street:       City      , Zip       Steps to access home? #

Mailing Address if different (PO BOX):

Area/Subdivision:       How long have you lived in the City?

Specific Directions:

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|       |
|       |

Email address:

Phone interview help was provided by (list who and relationship/Agency):

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| --- | --- | --- |
| Gender: [ ]  F [ ]  M  | Date of Birth:       | Age:       |
| Living Situation? [ ]  own [ ]  rent  |
| [ ]  lives alone [ ]  Spouse  |
| [ ]  Family Member       [ ]  Roommate       |
| Does someone smoke in the home or outside the home? [ ] No [ ]  Yes       |
| Pets in the home? [ ]  Yes [ ] No [ ] Dog, [ ] Cat – Note quantity of each       [ ]  other       |

How did you hear about People Who Care?

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| Do you have a Faith affiliation? [ ]  Yes Where:       [ ] No  |
| **Emergency Contacts (name, address and phone numbers, family full address is required)** |
| Name:  | Relationship:       |
|  Home #      |  Cell #     | Work #       |
| Address        |
|  |  |
| Name:      | Relationship:       |
|  Home #      |  Cell #      | Work #       |
| Address        |
|  |  |
| Name:  | Relationship:  |
|  Home #      |  Cell #      | Work #       |
| Address             |
|  |  |
| Name:      | Relationship:       |
|  Home #      |  Cell #      | Work #       |
| Address             |
| [ ]  A free Home Safety visit is part of our enrollment it will be done after enrolling in our program.Additional Notes:  |
|       |
| Name: Mobility & Physical Limitation:      [ ]  Walker [ ]  Walker w/seat [ ]  Cane [ ]  White Cane  |
| [ ]  Wheelchair, able to self transfer [ ]  yes [ ]  no. [ ]  Power chair, able to self transfer [ ]  yes [ ]  no  |

[ ]  Portable O2

Post approval requirement for portable O2:

[ ]  Has prescription for portable O2 that they carry with them in wallet.

[ ]  Will have prescription faxed to PWC office for file.

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| Medical Conditions: |
| [ ]  Hospitalization/Surgery in last 2 years?       |
| [ ]  Recent falls, how is your balance?:       Do you have a life alert system? [ ]  yes [ ]  no.  [ ]  Guardian Alert 911 – check eligibility.  |
| [ ]  Arthritis: [ ]  Rheumatoid? How has this affected your life?       |
| [ ]  Fibromyalgia        |
| [ ]  Diabetes [ ]  on insulin [ ]  oral Medication [ ]  Neuropathy, numbness [ ]  do you test your blood? |
| [ ]  Respiratory [ ]  using oxygen [ ]  24/7 [ ]  night  | [ ]  COPD [ ]  Asthma |
| [ ]  Stroke – when       how does this affect your life today       [ ]  Refer to Stroke Support Group 1st & 3rd Friday @ 10:15-11:30 for both caregiver/survivor  [ ]  Send contact information to Marianne Simpson [completed date      ] |
| [ ]  Heart Problems       [ ]  Heart Attack – when       [ ]  Pacemaker [ ]  yes [ ]  no  |
| [ ]  Chronic Illness or Injury [ ]  Lupus [ ]  Chronic Pain [ ]  Traumatic Brain Injury |
| [ ]  Depression or blue days [ ]  yes [ ]  no. Discuss our partnership with Senior Peer [ ]  yes [ ]  no  |
| [ ]  Disability [ ]  Visual [ ]  Verbal [ ]  Physical       [ ]  Cognitive  |
| [ ]  Mental Health [ ]  Bipolar [ ]  Obsessive/Compulsive Disorder [ ]  other       Are you currently  working with a therapist? [ ]  yes [ ]  no. If WYGC, we need case manager’s name        |

[ ]  Have you had a diagnosis of Dementia or Alzheimer’s? [ ]  yes [ ]  no - Note what kind:

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| [ ]  Hearing loss       Hearing Aids [ ]  yes [ ]  no Special phone equipment [ ]  yes [ ]  no  |
| [ ]  Cancer: Type: [ ]  In the last year  |
|  Still being Treated? If yes - [ ]  What is your Treatment: [ ]  Radiation [ ]  Chemotherapy  How are you doing?       |
| [ ]  Back Pain or Injury?       |
| [ ]  Recent joint surgery? [ ] knee [ ]  hip [ ]  shoulder  |
| [ ]  Are you often forgetful?       |
| [ ]  Vision loss [ ]  Glaucoma [ ]  Macular Degeneration, are you receiving treatment? [ ]  yes [ ]  no  [ ]  Cataracts? Are you [ ]  Legally blind? Do you have: [ ]  Guide Dog [ ]  White Cane [ ]  Add to Low Vision Course (list support person for class too)  [ ]  Refer to Low Vision Support Group meeting on Wednesdays  |
| [ ]  Multiple Sclerosis       Did you know: MS support group 2nd Thursdays Prescott VA (see flier) |
| [ ]  Cerebral Palsy       |
| [ ]  Parkinson’s       |
| [ ]  Epilepsy/Seizures – Frequency       |
| Describe what happens:       |
| Any additional condition(s)  |
|       |
|       |
| Temporary Disability? [ ]  yes [ ]  no  |
| Medical Providers |
| Primary Care      |
| Specialists       |
|            |
|      Name:      Medical Insurance: |
| [ ]  Medicare [ ]  Medicare Supplement [ ]  AHCCCS [ ]  other       |
| US Military Veteran? [ ] Yes [ ]  No  VA Medical Center? [ ]  Yes [ ]  No If yes, Team Color       Last Four       |
| Currently using these Agencies:  |
| [ ]  NACOG Elder Care – Case Manager:        |
| [ ]  Meals on Wheels  |
| [ ]  Housekeeper  |
| [ ]  Home Health Care, Agency Name:        |
| [ ]  Hospice – Agency Name:       Should we provide a referral to any of the above Agencies, which?        |
| [ ]  Who is assisting with transportation/shopping currently?       [ ]  Are there any vehicles you have trouble getting in & out of? ie. Pickup truck (with a step stool).      [ ]  Would a Volunteer of the opposite sex be acceptable? [ ] Yes [ ]  No       [ ]  Would you like to **get** a wellness call from another neighbor? [ ] Yes [ ]  No      [ ]  Would you like to **give** a wellness call to neighbor? [ ] Yes [ ]  No      [ ]  We help with technology, would you like help w/your tablet, ph. / computer? [ ] Yes [ ]  No. Describe what assistance is needed [ ]  COVID vaccines? [ ]  Yes [ ]  No - A few of our Volunteers only assist Neighbors who are. A yes or no answer does not guarantee approval of your application. [ ]  Mask mandate for riding in Volunteer’s vehicles – due to our Grants, please review current policies for Mask mandate due to Pandemic. |
| **If you received an evacuation notice for your area, would you be able to evacuate your home and the neighborhood?** [ ]  yes [ ]  no  |
| Approximate Household Income: Note either monthly **or** annual (information for grant applications, AZ Tax Credit) |
| One person – Annual Income       or Couple - Annual Income       orMonthly: Monthly:[ ]  Level 1 under $1120 [ ]  Level 1 under $1451[ ]  Level 2 between $1121 and $1862 [ ]  Level 2 between $1452 and $2129[ ]  Level 3 between $1863 and $2979 [ ]  Level 3 between $2130 and $3404[ ]  Level 4 over $2980 [ ]  Level 4 over $3405 |

[ ]  911 Alert eligibility – landline [ ]  Yes [ ]  No, income [ ]  Yes [ ]  No

[ ]  If no family in the area, what assistance do you need from PWC?

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|            |
| [ ]  If family is in the area, please note here what the family can help with and what assistance do you need from PWC? |
|            |
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Notes from phone interview:

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**Committee Review**: Date: Click here to enter a date. Decision circle one: Approved to move forward or Declined Why:

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