

Reach Out Morongo Basin
PO Box 2225
Twentynine Palms, CA 92277

760-361-1410

FAX 760-361-5206

NEIGHBOR'S ASSESSMENT FORM

_____ Twentynine Palms Office

_____ Yucca Valley Office

Home Visit (assessment) Date: _____

Visit Done By: _____

Volunteer: _____

Referral Information:

Name of Neighbor: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

Directions: _____

Active member of a group or religious organization? Yes No
(Specify): _____

How do they learn out ReachOut Morongo Basin? _____

Biographical Information

Number of persons living in the household: _____

Name:	Date of Birth	Relationship
_____	____/____/____	_____
_____	____/____/____	_____

Emergency Information

Local Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Service Requested:

- Reassuring Calls
- Shopping and Errands
- Minor Home Repairs
- Personal Business Assistance
- Transportation to Medical Appointments
- Friendly Visits
- Yard work

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Transportation Assessment

Able to get in and out of van without assistance: Yes/No

Do they have any other forms of transportation: Yes/No

Public Family Caregiver Own Other _____

Does neighbor need escort: Yes/No

Has neighbor been explained the transportation policy Yes/ No

Approved for: Local/ Long distance only/both

Home Visit/Assessment

Home environment safe & accessible: _____

Are they clean and presentable? _____

Pet(s) in the home: _____

Condition of pet's _____

Someone smokes inside home: _____

Do they have caregiver? Yes/ No Name _____ Phone number _____

Health Assessment

Strength: *Excellent - Good - Fair - Poor*

Mobility: *Excellent - Good - Fair - Poor*

Alertness: *Excellent - Good - Fair - Poor*

Memory: *Excellent - Good - Fair - Poor*

Vision: *Excellent - Good - Fair - Poor*

Outlook: *Excellent - Good - Fair - Poor*

Smoker: Yes No

Health problems: _____

Use of equipment: Cane Walker Wheelchair Other _____

Any other problems observed: _____

Comments: _____

Recommendations/Actions Taken

Comments: _____

Action taken: _____

Referrals: _____