



Faith in Action of the Greater Kanawha Valley

INTAKE FORM

CONFIDENTIAL INFORMATION

Care Receiver Information

Name: _____ Date: _____

Current Needs/How they are being met: _____

Services receiving from other agencies: _____

Do you qualify for:
SNAP Benefits? _____ Medicaid/Medicaid Waiver? _____ Subsidized Housing? _____ Est. Monthly Income? _____

Candidate for: Honey-Do Crew Senior Christmas

Family situation/Local support: _____

How often do you feel lonely? Often Sometimes Never

Do you have a strong support network? Yes Somewhat No

Congregation/Denomination: _____

Directions/Details about home: _____

Additional Information/Case Notes:

Services Requested: Transportation Reassurance Calls Grocery Shopping _____ (Type)

Referral From: _____ <input type="checkbox"/> Follow-up with Referral _____ (Date) <input type="checkbox"/> Ride Scheduler <input type="checkbox"/> VolunteerHub <input type="checkbox"/> Welcome Letter _____ (Date mailed)

Hold Harmless Agreement

The undersigned agrees to indemnify, save harmless, and defend Faith in Action of the Greater Kanawha Valley, Inc. (FIAGKV), its agents, servants, volunteers and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, to any person, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the scope of service covered while volunteering with FIAGKV. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of FIAGKV, its agents, servants, or employees or any other person indemnified hereunder.

Name: _____

Applicant Signature: _____

FIAGKV Representative Name: _____

FIAGKV Representative Signature: _____

Date: _____
