



Keene Valley Neighborhood House  
PO Box 46  
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Phone (518) 576-4474 | Email: kvnh@kvvi.net  
Website: kvnh.org

## PERSONAL & FINANCIAL ASSESSMENT FORM

Looking for proper care for you or a loved one can be overwhelming. And it can be expensive. As a non-profit, it is our mission to help as many seniors as possible. Financial assistance may be available and depends on many factors, including available funds. By answering a few questions, we can assess if the Neighborhood House is the right place for you or your loved one - physically, emotionally and financially. (An online version of this form is available at <https://kvnh.org/financial-assistance>)

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Name of potential resident (optional; you/they may remain anonymous):

\_\_\_\_\_

Age: \_\_\_\_\_

Gender:      \_\_\_ Male      \_\_\_ Female

Name of person completing this form (optional; you may remain anonymous):

\_\_\_\_\_

Relation to potential resident: \_\_\_\_\_

What is your loved one's current living situation?

Lives alone

Lives with a relative

Lives with a non-relative

Lives in a facility (adult home, assisted living, memory care facility, etc.)

Other: \_\_\_\_\_

Does your loved one drive?

Yes

Yes, and I am worried about it.

No

Why are you considering moving your loved one? (*check all that apply*)

I'm just curious about options

I'm worried about their safety due to health concerns or memory issues

I'm worried that they are not taking proper care of themselves

I'm worried about loneliness and isolation

Other concern: \_\_\_\_\_

Which of the following activities, if any, does your loved one have difficulty with? *(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Cleaning and housekeeping   | <input type="checkbox"/> Taking a shower or bath |
| <input type="checkbox"/> Doing laundry               | <input type="checkbox"/> Going to the bathroom   |
| <input type="checkbox"/> Managing medications        | <input type="checkbox"/> Grooming                |
| <input type="checkbox"/> Cooking and preparing meals | <input type="checkbox"/> None of these           |
| <input type="checkbox"/> Shopping and errands        | <input type="checkbox"/> I'm not sure            |
| <input type="checkbox"/> Getting dressed             | <input type="checkbox"/> Other: _____            |

Describe your loved one's mobility:

- Walks unaided without a cane or walker
- Can walk, but uses a cane or walker
- Can stand and walk, but uses a wheelchair sometimes
- Can stand, but uses a wheelchair to get around
- Cannot stand on own and always uses a wheelchair

How would you describe your loved one's memory?

- No memory issues
- Some memory loss
- Significant memory loss
- Other: \_\_\_\_\_

Does your loved one have any behavioral issues? If so, please explain.

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Is your loved one a US veteran or the spouse of a veteran?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, they are a veteran               | If yes, what years did the veteran serve? |
| <input type="checkbox"/> Yes, they are the spouse of a veteran | _____                                     |
| <input type="checkbox"/> No                                    |   |
| <input type="checkbox"/> I'm not sure                          |   |

Before we move on to Finances, is there anything else you think we should know about your loved one, including additional health issues (i.e. on oxygen, is incontinent, has cancer diagnosis)? *(optional)*:

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**FINANCES** *(optional, however this information is needed to assess if you qualify for financial assistance)*

Tell us about any financial resources that may be available to help pay for your loved one's care *(check all that apply)*.

Social Security income

Pension

Savings and/or investments

House or other property available to sell

Long-term care policy

Family willing to contribute

I'm not sure

Other: \_\_\_\_\_

**Monthly Income** *(include social security, pension and any other monthly income received)*

Less than \$1,200

\$1,200-\$1,999

\$2,000-\$2,999

\$3,000-\$3,999

\$4,000-\$4,999

Over \$5,000

I'm not sure

**What type of health insurance does your loved one have?** *(check all that apply)*

Medicare

Medicaid

Private health insurance (either primary or supplementary insurance)

I'm not sure

Based on the information you provided so far, would you like us to contact you and advise if we think your loved one may qualify for financial assistance at the Neighborhood House? *(check all that apply)*

Yes

If **Yes**, please advise how you would like to be contacted.

No, not at this time

Please provide an email address, phone number or other

Maybe in the future

preferred method of contact: \_\_\_\_\_

\_\_\_\_\_

*Note: we do not share your contact information with anyone else*