Helping Others Home Care

Free Initial Consultation Request Form

Thank you for your interest in Helping Others Home Care.
We provide compassionate **non-medical support services for seniors and adults with disabilities** to help individuals maintain independence, safety, and quality of life in the comfort of their own homes.

Please complete this form to request your **complimentary 30-minute consultation**. A member of our team will contact you to schedule your appointment.

Contact Information

Person Completing This Form:

Relationship to Client:

Phone Number:

Email Address:

Preferred Method of Contact:
☐ Phone
☐ Text Message
☐ Email

Best Time to Contact You:

Client Information

Client Name:

Client Age:

City/Town Where Services Are Needed:

Who are you seeking services for?

☐ Myself
☐ Parent
☐ Grandparent
☐ Spouse/Partner
☐ Other: _____

Tell Us About Your Needs

What type of support are you looking for?

☐ Companion Care
☐ Wellness Check-Ins
☐ Assistance with Daily Routines
☐ Dementia/Alzheimer's Support
☐ Respite Support for Family Caregivers
☐ Meal Preparation
☐ Light Housekeeping
☐ Laundry Assistance
☐ Errands & Community Support
☐ Transportation Assistance
☐ Medication Reminders
☐ Social Activities & Engagement
☐ Other: _____

Current Living Situation

The client currently lives:

☐ Alone
☐ With Family
☐ With a Spouse/Partner
☐ Assisted Living Community
☐ Other: _____

Does the client currently have support?

☐ Family Support
☐ Current Caregiver
☐ No Current Support
☐ Other: _____

Care Needs & Preferences

Please tell us more about what support would be helpful:

Are there any important routines, preferences, hobbies, or interests we should know about?

Service Schedule Requested

What type of support are you interested in?

☐ Part-Time
☐ Full-Time
☐ Per Diem / As Needed
☐ Short-Term Support
☐ Long-Term Support

Preferred Days:

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

Preferred Hours:

From: _____ To: _____

Consultation Goals

What would you like to discuss during your free 30-minute consultation?

☐ Understanding available services
☐ Creating a personalized support plan
☐ Learning about scheduling options
☐ Discussing care needs
☐ Finding additional community resources
☐ Other:

Additional Information

Please share anything else you would like us to know:

Consultation Request Confirmation

By submitting this form, I understand that Helping Others Home Care provides **non-medical support services** and that this consultation is an opportunity to discuss my needs, available services, and next steps.

Name: _____

Date Submitted: _____

Signature (if printed): _____

Helping Others Home Care

Compassionate Support. Personalized Care. Helping Others.

We look forward to connecting with you and learning how we can support your family.