

Building Bridges



NON-MEDICAL CARE APPLICATION

Thank you for your interest in Building Bridges STL Care Services.

This application helps us understand your needs so we can determine the most appropriate services and next steps. Submission of this form does not guarantee services but allows our team to follow up with you promptly.

Applicant Full Name

Date of Birth _____

Phone Number _____

Email Address _____

Preferred Method of Contact

- Phone
- Email
- Text

Client Full Name _____

Relationship to Applicant

- Self
- Family Member
- Guardian
- Case Manager
- Other

Client Address _____

Client Phone Number _____

Which services are you requesting?

- Loving Care In-Home Services
- Senior Transportation
- Both

If In-Home Services (check all that apply):

- Companionship
- Personal care assistance (bathing, grooming)
- Meal preparation
- Light housekeeping
- Medication reminders (non-medical)
- Errands / appointment support
- Safety supervision

If Transportation Services:

- Medical appointments
- Pharmacy visits
- Grocery shopping
- Adult day programs
- Community / faith-based activities
- Other (short answer)

Service Schedule

Preferred Days of Service

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Preferred Time of Day

- Morning
- Afternoon
- Evening
- Flexible

Anticipated Start Date _____

Health & Safety (Non-Medical)

Does the client require mobility assistance?

- Yes
- No

Mobility Aids Used

- Walker
- Wheelchair
- Cane
- None

Are there any safety concerns we should be aware of?

Emergency Contact

Emergency Contact Name _____

Relationship _____

Phone Number _____

Payment & Funding Source (Optional)

How will services be funded?

- Private Pay
- Grant-funded / Program-based
- Case Management Referral
- Unsure / Need Assistance

Consent & Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I understand that submission of this application does not guarantee services and that additional information may be required.

Applicant Signature _____

Date _____

Authorized Signature: _____ *Akani Ahdnhd* _____ Date: _____ *01/20/26* _____