



HEARTS AND HANDS HELPING SENIORS

Laurel Area Interfaith Volunteer Caregivers, Inc.

Recipient Application



Our Mission: To enhance the quality of life for persons 60 years and older who reside in the Latrobe, Unity Township, Ligonier, Ligonier Township, Derry, and Derry Township areas by providing companionship and assistance.

How can we help you?

OUR MISSION

To enhance the quality of life for persons 60 years and older who reside in defined communities of the Laurel Area (Latrobe, Ligonier, Unity, and Derry) by providing companionship and assistance.

OUR VISION

Compassionate Hearts



Connecting Hands



Creating Hope

WHAT IS HEARTS AND HANDS HELPING SENIORS?

Hearts and Hands Helping Seniors, formerly Laurel Area Faith in Action, is a community outreach program designed to help our aging neighbors maintain their independence, quality of life, and dignity. Our services help to supplement the services offered by other programs and agencies in the area and are NOT intended to replace them. All our services are performed by volunteers and there is never a charge for services received. The program is based on a national model for Volunteer Caregivers across the country, with other similar programs in our region in Pittsburgh, Indiana, Uniontown, and Wheeling.

HOW CAN SOMEONE SIGN UP FOR THE SERVICES?

Any person 60 or older who resides in Latrobe, Derry, Derry Township, Ligonier, Ligonier Township, and Unity township can receive services regardless of income level. Simply contact our office at 724-539-4357 and speak with one of our staff. You can also find the application on our website. Simply print it out, complete the information requested, and send it to us.

WHAT IS THE COST TO RECIPIENTS?

This is a volunteer program and there is NEVER any payment for Hearts and Hands Helping Seniors Services.

WHO PROVIDES THE SERVICES?

All the services are provided from the goodness of volunteers who want to give back to the community. Volunteers can choose what services they want to provide and how much time they can devote. All members of the community are encouraged to help, including working adults and youth. All volunteers must pass a background check. Our volunteers are individuals, families, work teams, company mission teams, high schools, colleges, churches, civic organizations, etc.

DO YOU OFFER MONETARY ASSISTANCE?

We do not offer monetary assistance to help with outstanding rent, utilities, food, etc. However, if one of our recipients, age 60 or older) is in need, we will do everything we can to find them the help that they need.

WHAT SERVICES ARE PROVIDED?

Appointment Escort – Accompanies care recipient at medical appointments for support and assistance.

Caregiver Relief – Short-term relief services for full-time caregivers-maximum of 2 hours. No personal care. No dispensing of medications. This is subject to volunteer availability.

Correspondence Assistance – Helps organize paperwork, correspondence, and other communications. No power of attorney or preparation of any legal documents. Referrals to Senior Centers, for tax preparation, and rent/property rebate preparations are offered.

Errands/Shopping Helper – Runs errands, shops for groceries, medicines, and other supplies. We are not permitted to pick up prescriptions if they contain narcotics. Recipients must prepay by cash, check, and/or debit card.

Handyperson Assistance – Performs occasional minor repairs, basic maintenance, etc.

*You must own your own home for our handyperson to be able to provide this service. If you rent you need to contact your landlord.

Referral Assistance – Provides information about and referrals for other services and programs.

Telephone Reassurance Calls – Provides regular telephone contact to convey support and concern about the well-being and quality of life of the care recipient. Calls are made monthly.

Transportation – Provides transportation for medical appointments, other appointments, and grocery shopping.

*Please give at least 1-week advance notice for local transportation requests.

*Please give at least 2 weeks' notice for out of area transport requests (Monroeville, Pittsburgh etc.)

*For transportation services, you must be able to enter and exit vehicle with minimal assistance.

*Some transportation requests may be filled utilizing Veteran's Cab if a volunteer cannot be located.

*We are not able to transport a recipient that is wheelchair bound. If you are in need of transportation and are wheelchair bound, contact Veteran's Cab 724-537-7708 to arrange transportation. We DO NOT cover the cost of wheelchair transportation.

Technology Mentor—Provides limited technology help including cell phones, computers, videos, etc.

Does this sound too good to be true? We are entering into our 24th year of service to our recipients.

There are some things that we DO NOT do: Our services are all provided by volunteers. We cannot provide any professional services...NO medical care, NO personal care, NO housekeeping, NO regular lawn maintenance, NO snow removal.

We DO provide:

Compassionate Hearts



Connecting Hands



Creating Hope

**HEARTS AND HANDS HELPING SENIORS
LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS**

428 Main Street

Post Office Box 854

Latrobe, PA 15650

724-539-4357...faithinaction@msn.com...www.laurelfia.org



Hearts and Hands Helping Seniors
LAIVC
RECIPIENT APPLICATION



The following requested information is necessary for the Program to provide the best possible services for you, the Recipient, and to be able to assist in the event of emergencies, accidents, or illnesses. All information is kept strictly confidential. Volunteers, Staff, and our Board of Directors all sign a Confidentiality Agreement, and all records are maintained securely. **NO** information provided below will be released to ANYONE without your written authorization to do so. If you have any concerns about this request, we will be happy to discuss it with you.
Amy McLendon, Executive Director **724-539-4357**

REFERRED BY: _____ DATE: _____

NAME: _____

ADDRESS: _____

WARD OR TOWNSHIP: _____ Do you live in an: APT: _____ or a HOUSE: _____

HOUSE PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ GENDER: _____

EMAIL ADDRESS: _____

LIVING ARRANGEMENTS:

LIVE ALONE _____ W/SPOUSE _____ FAMILY MEMBER _____ OTHER _____

NAME OF AND RELATIONSHIP OF OTHERS LIVING WITH YOU:

RELIGIOUS AFFILIATION (optional)

HOW DO YOU RATE YOUR HEALTH STATUS: GOOD _____ FAIR _____ POOR _____

ARE YOU OXYGEN DEPENDENT? 24 HOURS _____ OCCASIONAL _____ NONE _____

DO YOU HAVE ANY MEDICAL CONDITIONS? (PLEASE LIST)



HOW WOULD YOU RATE YOUR MOBILITY? PLEASE MARK EXCELLENT, GOOD, OR FAIR BELOW

GETTING AROUND IN YOUR HOME? _____
GOING UP AND DOWN STAIRS? _____
GETTING IN AND OUT OF THE CAR? _____
WALKING OUT AND ABOUT? _____

DO YOU REQUIRE ANY OF THE ASSISTIVE DEVICES FOR MOBILITY LISTED BELOW?

CANE _____ WALKER _____ ROLLATOR _____ CRUTCHES _____
WHEELCHAIR _____ POWER WHEELCHAIR _____ OTHER _____

PRIMARY CARE PHYSICIAN _____
PCP OFFICE PHONE _____

DO YOU SUBSCRIBE TO AN AMBULANCE SERVICE? YES _____ NO _____
IF YES, WHICH SERVICE: _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? PLEASE LIST TWO

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
DOES THIS CONTACT HAVE KEYS TO YOUR RESIDENCE? YES _____ NO _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
DOES THIS CONTACT HAVE KEYS TO YOUR RESIDENCE? YES _____ NO _____

ARE YOU RECEIVING ANY HELP FROM RELATIVES, FRIENDS, AGENCIES, ETC?

(EXAMPLE: MEALS ON WHEELS, HOME HEALTH CARE...) YES _____ NO _____

IF YES, PLEASE LIST WHAT ASSISTANCE YOU RECEIVE, WHEN YOU RECEIVE IT, AND WHO PROVIDES THE ASSISTANCE:

DO YOU OWN A CAR? _____ DO YOU DRIVE? _____ DO YOU SMOKE? _____
DO YOU HAVE ANY PETS? YES _____ NO _____
IF YES, WHAT KIND OF PET AND HOW MANY?



WHAT SERVICES WOULD YOU LIKE TO RECEIVE?

- _____ APPOINTMENT ESCORT
_____ CAREGIVER RELIEF (SUBJECT TO VOLUNTEER AVAILABILITY)
_____ CORRESPONDENCE
_____ ERRANDS/SHOPPING
_____ HANDYPERSON/MAINTENANCE
_____ REFERRAL SERVICES
_____ TELEPHONE REASSURANCE
_____ TRANSPORTATION (1 WK PRIOR NOTICE FOR LOCAL AND 2 WKS PRIOR NOTICE
FOR OUT OF AREA IS REQUIRED)

POSSIBLE TRANSPORTATION DESTINATIONS:

- _____ TO/FROM MEDICAL APPOINTMENTS
_____ LOCAL _____ OUT OF AREA (MONROEVILLE/PITTSBURGH)
_____ GROCERIES/SHOPPING

OPTIONAL INFORMATION TO HELP WITH VOLUNTEER ASSIGNMENT

ARE YOU RETIRED? _____ FORMER OCCUPATION: _____
FORMER EMPLOYER _____

DID YOU SERVE IN THE MILITARY? YES _____ NO _____ IF YES, WHICH BRANCH _____

BIRTHPLACE: _____

HOBBIES/INTERESTS: _____



SIGNATURE

PRINTED NAME

DATE

APPLICATION MUST BE SIGNED IN ORDER TO PROVIDE THE REQUESTED SERVICES!

***IF THIS REQUEST IS MADE BY SOMEONE OTHER THAN THE RECIPIENT, PLEASE PROVIDE
NAME, PHONE NUMBER, RELATIONSHIP, AND REASON FOR APPLICATION BELOW:***

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

CURRENT NEEDS _____

**NOTE: APPLICANT OR PERSON WHO HAS LEGAL POWER OF ATTORNEY FOR THE APPLICANT
MUST SIGN THIS APPLICATION. PROOF OF POWER OF ATTORNEY MUST BE SUBMITTED WITH THE
APPLICATION.**

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL 724-539-4357 FOR ASSISTANCE. PLEASE MAIL
COMPLETED APPLICATION TO: HEARTS AND HANDS HELPING SENIORS, LAIVC/ PO BOX 854/LATROBE PA
15650. IF YOU WOULD PREFER TO EMAIL THE APPLICATIONS, PLEASE SEND TO
FAITHINACTION@MSN.COM**

