

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





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.

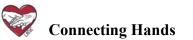
Technology Mentor-Provides limited technology help including cell phones, computers, videos, etc.

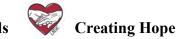
Does this sound too good to be true? We are entering into our 24th year of service to our recipients.

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





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. <u>NO</u> 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:					
		_ Do you live in an: APT:			
HOUSE PHONE: CELL		CELL PHONE	PHONE		
DATE OF BIRTH:		GENDER:			
EMAIL ADDRESS:					
LIVING ARRANGEM	ENTS:				
LIVE ALONE	W/SPOUSE	FAMILY MEMBER	OTHER		
NAME OF AND RELAT	FIONSHIP OF OTH	ERS LIVING WITH YOU:			
RELIGIOUS AFFILIAT	ION (optional)				
HOW DO YOU RATE Y	OUR HEALTH ST	ATUS: GOOD FAIR	POOR		
ARE YOU OXYGEN DI	EPENDENT? 24 HO	URS OCCASIONAL	NONE		
DO YOU HAVE ANY M		ONS? (PLEASE LIST)			



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

GETTING AR	OUND IN YOUR F	IOME?			
GOING UP AN	ND DOWN STAIRS	5?			
GETTING IN	AND OUT OF THE	E CAR?			
WALKING O	UT AND ABOUT?				
-		SISTIVE DEVICES F			
		ROLLATOR			
WHEELCHAI	RPOW	ER WHEELCHAIR	OT	HER	
PRIMARY CARE PHY	YSICIAN				
PCP OFFICE PHONE					
		NCE SERVICE? YES			
IF YES, WHIC	CH SERVICE:				
IN CASE OF EMER	GENCY, WHO SH	OULD WE CONTAC	T? PLEASE	E LIST TWO	
NAME			RELA	TIONSHIP	
ADDRESS					
HOME PHONE		CELL PHONENO			
DOES THIS CONTAC	T HAVE KEYS TO	O YOUR RESIDENCE	? YES	NO	
NAME			RELA	TIONSHIP	
ADDRESS					
HOME PHONE		CELL PHC	DNE		
DOES THIS CONTAC	T HAVE KEYS TO	CELL PHO YOUR RESIDENCE	? YES	NO	
ARE YOU RECEIVIN	G ANY HELP FRC	OM RELATIVES, FRIE	NDS AGEN	JCIES ETC?	
		ME HEALTH CARE	,	,	
		NCE YOU RECEIVE,			
PROVIDES THE ASS					
		VOU DRIVE?		U SMOKE?	
		YOU DRIVE?	D0 10	0 SMOKE:	
DO YOU HAVE ANY IF YES, WHAT KIND					
II $1LS$, WHAT KIND	OF FET AND HU	VV IVIAINI (



WHAT SERVICES WOULD YOU LIKE TO REC	EIVE?												
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 A	PPOINTMENTS												
	OUT OF AREA (MONROEVILLE/PITTSBURGH)												
GROCERIES/SHOPPING													
OPTIONAL INFORMATION TO HELP WITH V ARE YOU RETIRED? FORMER OCCU FORMER EMPLOYER	PATION:												
DID YOU SERVE IN THE MILITARY? YES													
BIRTHPLACE:													
HOBBIES/INTERESTS:													
X													
XSIGNATURE	PRINTED NAME DATE												
	R TO PROVIDE THE REQUESTED SERVICES!												
IF THIS REQUEST IS MADE BY SOMEONE OF	THER THAN THE RECIPIENT, PLEASE PROVIDE P, AND REASON FOR APPLICATION BELOW:												
NAME:	RELATIONSHIP:												
HOME PHONE:	CELL PHONE:												
CURRENT NEEDS													
NOTE: APPLICANT OR PERSON WHO HAS LEGAL													

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

