



# **Laurel Area Interfaith Volunteer Caregivers**

**GOOD NEWS FOR ALL RESIDENTS OF  
LATROBE, UNITY TOWNSHIP, DERRY, DERRY TOWNSHIP,  
LIGONIER AND LIGONIER TOWNSHIP AREAS AGED 60 YEARS  
AND OVER!**

**Are you in need of caregiver relief or a friendly phone call?  
Need help running errands, like grocery shopping or rides to the  
doctor?**

**Laurel Area Faith in Action May Be Able to Help!**

### **What is *Faith in Action*?**

It's a faith-based community program designed to help our residents retain their quality of life, their independence, and dignity with "friendly" volunteer services.

### **Who can receive the services?**

Any resident age 60+ who resides in Latrobe, Unity Township, Derry, Derry Township, Ligonier, and Ligonier Township area.

### **Who is involved in the program?**

The program works with many of our local churches in Latrobe and Ligonier and other organizations including Excelsa Latrobe Area Hospital, Latrobe Area Hospital Charitable Foundation, Westmoreland County Area Agency on Aging, United Way of Westmoreland County, Laurel Area Partnership on Aging, Westmoreland Human Opportunities, Chamber of Commerce, Rotary Club...and many, many more!

### **How much does it cost?**

It is a volunteer program and FREE to our recipients. It is our way of giving back to those in our communities. Because we are a 501(c) 3 nonprofit corporation, we rely on the generosity of many foundations, organizations, churches, and individuals in the community to provide financial support. Donations are welcome and are tax deductible.

### **Who are the Volunteers?**

They are members of the community, churches, businesses, organizations, and individuals who want to share their talents. To assure safety, they are screened with criminal background checks, wear photo identification badges, complete up to 3 hours of training and sign confidentiality agreements.

## **What are the services and how many can I have?**

We have many services to assist in meeting your needs.

**Appointment Escort** – a friendly support person to accompany you during doctor appointments

**Caregiver Relief** – much needed 1–2-hour breaks for full-time caregivers (subject to volunteer availability)

**Correspondence** – sorting mail, writing letters, completing forms

**Errands** – picking up prescriptions, groceries, toiletries

**Handyman/Yard work** – as needed minor repairs, installations, yard work special projects only, not weekly mowing

**Referral Services** – link to other services in the community

**Telephone Reassurance** – weekly calls to talk to a volunteer

**Transportation** – rides to the store, doctor, social events during the day. Please give at least 1 week advance notice for local transportation requests, and 2 weeks advance notice for out of area transport.

*NOTE: For Transportation services, you must require only minimal assistance; may be limited to Recipients only.*

## **This sounds too good to be true...is there anything that you do not do?**

We offer services NOT offered by other agencies and organizations. We cannot provide any professional services...NO medical care, NO personal care.

Most of our services offered are 1-2 hours per week and/or are available monthly as needed. Services are dependent upon availability of appropriate volunteer.

## **How can I sign up for the services?**

It is easy...just complete the enclosed application...we ask for this information so that we can help to match you with the right volunteer. Return the application to our offices, and we will call you to discuss the program. Want to find out more? Call our office today!

**CALL TODAY!**

**LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS, INC.**

***FAITH IN ACTION***

**(724) 539-4357**

**[www.laurelfia.org](http://www.laurelfia.org)**

**LAUREL INTERFAITH VOLUNTEER CAREGIVERS  
FAITH IN ACTION PROGRAM  
RECIPIENT APPLICATION**

The following requested information is necessary for the Program to provide the best possible services for the Recipient and to be able to assist in the event of emergencies, accidents, or illnesses. We make every effort to match Volunteers who will be providing your care services. All information is kept confidential. Volunteers 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: \_\_\_\_\_ APT: \_\_\_\_\_ HOME: \_\_\_\_\_

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:

\_\_\_\_\_

CHURCH/TEMPLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HEALTH STATUS: GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

OXYGEN: 24 HOURS \_\_\_\_\_ OCCASIONAL \_\_\_\_\_ NONE \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MOBILITY \_\_\_\_\_ CANE \_\_\_\_\_ WALKER \_\_\_\_\_ WHEELCHAIR \_\_\_\_\_

CRUTCHES \_\_\_\_\_ OTHER \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

AMBULANCE SERVICE: \_\_\_\_\_ YES \_\_\_\_\_ NO NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DOES EMERGENCY CONTACT HAVE KEYS TO YOUR HOME? \_\_\_\_\_

**DO YOU HAVE OTHER EMERGENCY CONTACTS? THIS COULD BE A NEIGHBOR OR FRIEND. IF YES, PLEASE PROVIDE NAME/PHONE NUMBER/ADDRESS:**

\_\_\_\_\_

**ARE YOU RECEIVING ANY OTHER HELP FROM RELATIVES, FRIENDS, AGENCIES, ETC?**  
(EXAMPLE – MEALS ON WHEELS, HOME HEALTH CARE...)

IF YES, PLEASE LIST ASSISTANCE. (WHO PROVIDES AND WHEN)

DO YOU DRIVE? \_\_\_\_\_ DO YOU OWN A CAR? \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_ DO YOU HAVE PETS? \_\_\_\_\_

IF PETS, PLEASE LIST TYPE AND HOW MANY \_\_\_\_\_

**WHAT SERVICES WOULD YOU LIKE TO RECEIVE?** (We will provide only those services you request. Please consider all the services you may want to receive.)

\_\_\_\_\_ Appointment Escort

\_\_\_\_\_ Errands/shopping

\_\_\_\_\_ Caregiver Relief (if available)

\_\_\_\_\_ Writing letters/completing forms/mail

\_\_\_\_\_ Yardwork\* (special projects only)

\_\_\_\_\_ Handyperson

\_\_\_\_\_ Reassurance Calls

\_\_\_\_\_ Special Services \_\_\_\_\_

\_\_\_\_\_ Transportation\*\*

\_\_\_\_\_ To medical appointments \_\_\_\_\_ local \_\_\_\_\_ Pittsburgh

\_\_\_\_\_ Groceries/shopping

**\* Must provide equipment for yard work.**

**\*\*Must be able to get in and out of vehicles with minimal assistance.**

**OPTIONAL INFORMATION TO HELP WITH VOLUNTEER ASSIGNMENT**

Are you retired? \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

**X**

SIGNATURE/NAME (Applicant or Person assisting Applicant)

PHONE

**IF REQUEST IS MADE BY SOMEONE OTHER THAN RECIPIENT, PLEASE PROVIDE NAME, PHONE, RELATIONSHIP AND REASON FOR APPLICATION.**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT NEEDS: \_\_\_\_\_

**NOTE: Applicant or person who has legal Power of Attorney for applicant must sign this application.**

**Please mail completed application to:**

**Phone: (724) 539-4357**

**Email: [faithinaction@msn.com](mailto:faithinaction@msn.com)**

**LAIVC**

**Post Office Box 854**

**Latrobe, PA 15650**