



Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Recorded by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellphone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

1. How are you doing? \_\_\_\_\_

2. What are two things that are going well? \_\_\_\_\_

3. What is one thing you wish was different or one thing you could use help with?

4. Do you sometimes feel lonely? No Yes \_\_\_\_\_

5. Are you a caregiver? No Yes \_\_\_\_\_

6. What Staying Put services interest you?

- |                  |                       |                      |               |
|------------------|-----------------------|----------------------|---------------|
| Friendly Visits: | Caregiver Respite     | Community Events     |               |
|                  | Play Games/Cards      | Read to Me           | Sit & Chat    |
| Household Help:  | Light Cleaning        | Meal Prep            | Small Repairs |
|                  | Tech Help             | Yard Work            |               |
| Transportation:  | Church                | Government Office    | Grocery Store |
|                  | Local Businesses/Bank | Medical Appointments |               |

7. Would you like to receive regular check in calls?    No                      Yes \_\_\_\_\_

8. Do you need referrals to other services?    No    Yes  
Handyman/Repair Healthcare/Nursing Housekeeping

9. How did you hear about Staying Put? \_\_\_\_\_

10. Would you like to volunteer as well?    No                      Yes \_\_\_\_\_

11. Marital status:            Single                      Married                      Widow(er)                      Divorced

12. Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

13. Additional Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

14. Living Arrangements:

House                      Apartment                      Mobile Home                      Live Alone

15. Names, relationships, ages of others living in the home:

\_\_\_\_\_  
-  
\_\_\_\_\_  
-

16. Do you have:    Cat(s) \_\_\_\_\_    Dog(s) \_\_\_\_\_                      Other Pets: \_\_\_\_\_

17. Church Affiliation: \_\_\_\_\_

18. Are you receiving assistance right now? \_\_\_\_\_

Family/Relatives                      Friends                      Neighbors                      Church  
Meals on Wheels                      ADRC/Public Health/Human Services

19. Health Insurance:                      Medicare                      Medicaid                      V.A.

Company/ Part D/ HMO/ PPO: \_\_\_\_\_

20. Health concerns that volunteers should be aware of (Circle those that apply):

- |                |                       |            |                     |
|----------------|-----------------------|------------|---------------------|
| Arthritis      | Bipolar               | Cancer     | Cardiac Issues      |
| Chronic Pain   | Dementia              | Depression | Diabetes            |
| Dialysis       | Difficulty Swallowing | Emphysema  | Hearing Loss        |
| Hearing Aids   | Memory Loss           | Oxygen Use | PTSD                |
| Recent Surgery | Seizures              | Stroke     | Shortness of Breath |

21. Additional health issues/details: \_\_\_\_\_

22. Are you a smoker?            No            Yes

23. How is your mobility?

- |                          |                    |               |        |
|--------------------------|--------------------|---------------|--------|
| Walks Well               | Balance Problems   | Cane/Crutches | Walker |
| Grab Bars/Stair Railings | Wheelchair/Scooter |               |        |

24. Have you fallen within the last year? When/how? \_\_\_\_\_

25. Able to get in and out of a vehicle on your own?            No            Yes

Special requirements for type of vehicle? \_\_\_\_\_

Can you manage seatbelts alone?            No            Yes

26. Any other specific needs from Staying Put? \_\_\_\_\_

\_\_\_\_\_

27. Preference for gender of volunteer:    Male            Female            Either

### **Client and Client's Family Rights**

Expect to be treated with dignity and respect by staff and volunteers.

Know that any information about you will be kept in strict confidence. Each volunteer will sign a pledge of confidentiality in regard to any information shared with them.

Know services provided, to the extent possible, will be designed to meet your individual needs.

Expect services will be provided in a satisfactory manner and according to the schedule agreed upon.

Know that volunteers have the skills, knowledge and supervision to do their assignments well.

Know that services will not be denied because of your race, sexual orientation, income or religious beliefs.

Know that you can, for any reason and by your own choice, discuss the services you are receiving with a member of the Staying Put, Inc. Board of Directors.

Know that you can report problems concerning their volunteer without fear of services being stopped or lessened, or fear of mistreatment or retaliation.

### **Client and Client's Family Responsibilities**

Treat Staying Put volunteers in a respectful and courteous manner.

Call Staying Put (715-778-5800) to communicate with your volunteer. Please do not ask volunteers for their personal telephone numbers or contact them directly if you already have their phone number.

Thank your volunteer: your words of appreciation are the best rewards. Do not offer gifts of value or money to a volunteer. However, Staying Put is dependent on charitable contributions and donations to the program are gladly accepted.

Keep to agreed upon dates, times and services for volunteer visits.

Let Staying Put, Inc. know 24 hours ahead of schedule changes, cancellations, or if more than the usual services are needed at any particular time. While the regular volunteer may be able to accommodate these needs, it may be necessary to ask another volunteer to help.

Please be advised that some services provided by Staying Put may not be appropriate for your individual needs. Staying Put reserves the right, for any reason, to decline services that may not be appropriate for you. These services could be initial services you requested or services you requested after the initial services. Staying Put may, at its sole discretion, recommend another agency or program that better serves you.

*I have read and understand the Rights and Responsibilities and I have filled this out to the best of my ability and have asked questions where I needed to be sure.*

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE