



New REQUEST FOR SERVICES

Date information taken: _____ by whom: _____ info packet sent or emailed: _____
00/00/0000

email contact: _____

CONTACT INFORMATION:

First name(s) _____ Mid Initial _____ Last name: _____ (Maiden) _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Veteran: _____ yes _____ no

Address (physical) _____

DIRECTIONS: _____

Address (mailing) _____

GENERAL REQUEST:

If transportation is requested, how do they get around now? _____

How did they learn of FIA? _____

Insurance? _____ MaineCare? _____ Medicare _____ Other _____

EMERGENCY CONTACT AND OTHER CONTACTS:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

PRIMARY CARE PHYSICIAN: _____

COMMUNICATIONS:

Directly with client _____ Only with caregiver _____ Both _____

MEDICAL CONDITION & IMPACT ON ABILITIES:

COVID SHOTS _____ 1st _____ 1st Booster _____ 2nd Booster _____ 3rd Booster

MOBILITY?

Ambulatory _____ arm assistance _____ vision impaired _____

Cane _____ Walker _____ (large wheeled, with seat) _____ folding regular _____

Wheelchair: (lightweight 32lb.) _____ Standard (46 lbs) _____ motorized _____

DOES THE VOLUNTEER NEED TO ESCORT in/out of the home? _____ are there stairs? _____

Description of the home's entrance walk and drive: _____

DOES THE VOLUNTEER NEED TO ACCOMPANY INTO APPOINTMENT? _____

PHYSICAL AND MENTAL IMPAIRMENTS: (check all that apply and describe)

- Vision: _____
- Hearing: _____
- Stroke: _____
- Parkinson's: _____
- Mental Illness: _____
- Memory Loss/Dementia: _____
- Alzheimer's Disease: _____
- Other: _____

LIVING SITUATION: (CHECK ALL THAT APPLY)

- ALONE
- WITH SPOUSE
- WITH FAMILY
- IN SENIOR HOUSING
- HOMELESS SHELTER
- OTHER: _____

Is there any history of depression or anxiety? _____ Do the individual seem lonely or isolated? _____

How many people does the individual see in a day? _____

Do you worry about paying for food each month? _____ Having enough food? _____

Referred to FIA Senior Center _____

NOTES:

APPROPRIATE FOR FIA?

REFERRED TO:

ASSESSED BY _____ DATE _____



FRIENDS IN ACTION
P.O. Box 1446, Ellsworth, Maine 04605

2024 CLIENT AGREEMENT

(Please keep one copy for your records.)

I hereby acknowledge that I or my duly appointed representative have received, read and clearly understand the Friends in Action "Guidelines for Community Neighbors" and in consideration of receipt of services from Friends in Action (FIA) hereby agree to abide by such guidelines and agree to the following terms: **(Please initial each item)**

1. _____ I understand that Friends in Action is a volunteer organization and that while all reasonable efforts will be made to meet my request, services are not guaranteed.
2. _____ I agree to communicate all my requests of needs of Friends in Action through the Friends in Action office **a minimum of five (5) business days prior to the time needed for such request.**
3. _____ I agree to provide the Friends in Action office and my volunteer detailed directions to my home and to any destination to which I may need to be taken. I agree to inform Friends in Action at the time of my request if I will be using a cane, walker, wheelchair or will need any other type of additional assistance.
4. _____ I understand that Friends in Action and its volunteers are not employed by me or have been hired in any other capacity. I understand and agree that Friends in Action and its volunteers cannot sign official or legal documents or take medication or care orders from my physician or other medical personnel.
5. _____ I agree to provide my physician's names, addresses, phone numbers, emergency contact and any other applicable information as requested by the Friends in Action staff. Any such information will be kept strictly confidential and be used solely for the needs of the client.

(over)



2024 CLIENT AGREEMENT (CONTINUED)

6. ____ I agree to adhere to the times and services requested. I will not request additional services from the volunteer or request the volunteer's home phone number.
7. ____ I understand and agree that all services associated with Friends in Action are complimentary and free of charge. There will be no payment requested or expected for any services provided.
8. ____ I understand that I cannot collect mileage reimbursement from other agency, including the Veterans' Administration, for any rides provided by Friends in Action at no charge to me.
9. ____ I agree to hold Friends in Action, its employees, agents and volunteers harmless from any losses or damages incurred by me unless such losses or damages were the result of intentional or willful misconduct.
10. ____ I understand that I am risking the potential of contracting COVID19 or other illnesses by using Friends in Action services and that Friends in Action will take all reasonable precautions to protect my health.

Print name: _____ Date: _____

Signature _____

If applicable, please complete the below:

Client representative

Print Name _____ Date: _____

Signature of representative: _____