Neighbor to Neighbor Companions of LUTHERAN SOCIAL SERVICE

Fax to 651-310-9449 Voice line is 651-310-9443 metro or 1-877-540-9443

Office Use Only:

Please complete the following information as accurately as possible.

Monthly Regular Income: **$** _____
Total Household income
Include Social Security, Pension, etc. x12
Total Annual Income: **$**_____

Annual Medical Deduction: **$**_____
(Up to 25% of Annual income)
Total Adjusted Annual Income: **$**_____

Total Household Size: _____ **Price per hour:** **$** _____

CLIENT INFORMATION

Name:_____DOB: _____

Address:_____ Gender: Unknown

City/Zip:_____Phone:_____

To Schedule Visits Contact: Client E-mail: _____

Emergency Contact:_____Phone:_____Relationship:_____

County:_____Primary Language: _____

Status: Unknown

Do they live alone?_____

Any Pets?_____ Client of Family Smoke?:_____

REQUESTED ACTIVITES

☐ Playing cards/games ☐ Community Activities ☐ Doctor Visits ☐ Pharmacy ☐ Reading ☐ Respite
☐ Share a meal ☐ Shopping/Errands ☐ Visiting ☐ Walking ☐ Writing

☐ Other Activities (please specify):

Client Availability for weekly visit:_____

Assessment

Mobility – *must be able to Independently Transfer*

- ☐ Ambulatory Alone
- ☐ Ambulatory with Cane
- ☐ Ambulatory with Walker
- ☐ Wheelchair - light use, transportable
- ☐ Other:_____

Cognition

- ☐ Alert and oriented
- ☐ Dementia Diagnosed
- ☐ Minor Confusion at time
- ☐ Other:_____

General Health:

- ☐ Vision Loss, due to:_____
- ☐ Hearing Loss, details:_____
- ☐ Uses Oxygen at home
- ☐ Portable Oxygen COPD
- ☐ Diabetes
- ☐ Heart Attack hx
- ☐ Chronic Heart Failure
- ☐ High Blood Pressure
- ☐ Stroke hx
- ☐ Cancer
- ☐ Anxiety/Depression
- ☐ Joint replacement

Other health information that would be helpful to note for visitor volunteer:

Overall mood and endurance levels to be aware of for visitor volunteer:

OTHER INFORMATION

Veteran Status: _____

Support Systems in Place: _____

Any major changes or losses recently: _____

Any thoughts of moving: _____

Any types of cars client cannot get in/out of: _____

Client has a handicap hang tag to use: Unknown _____

Gender preference of volunteer: Choose One

Other Notes: