



Meals on Wheels and Senior Outreach Services



www.mowsos.org

Friendly Visitors Program CLIENT Application – Please Print (form rev 5/3/2017 mh on fund drive)

Form Rec at MOWSOS: _____ Reviewed by: _____ (date) _____
 Entered into CT by: _____ (date) _____ In Home Assessment by: _____ (date) _____
 Notes: _____

Fill in the blank or circle best answer FORM COMPLETED BY: _____

Date: _____ Able to Hear Over Phone: Y N Client Wears Hearing Aids: Y N

Name: Last _____ First _____ Date of Birth: _____

Gender: M F Marital Status: _____ Veteran: Y N Cal Fresh Recipient: Y N

Address _____ City _____ Zip _____

Lives Alone: Y N Lives in a: *Private Residence* *Board & Care* *Senior Living Facility*

(Name of Board & Care or Senior Living Facility: _____)

Home Phone () _____ Cell Phone () _____ Alt Phone () _____

Best Days & Times for Visit _____ Flexible? Y N

Evening visit? Y N Saturday or Sunday visit? Y N

E Mail Address: _____

How did you hear of the Friendly Visitors Program: _____

Relationship: _____ Contact phone: () _____

Medical Coverage: Medicare Medi-Cal Other: _____

Ethnicity: (Check only one)

Race: (Check only one)

Hispanic/Latino	Am. Indian / Alaska Native	Hawaiian / Pac Islander	Other
Non Hispanic/Non Latino	Asian	White	
Decline to state	Black / A.A	Decline to State	

Primary Language: _____ Limited English: Y N Interpreter Available: Y N

Memory Issues: Y N If Yes: Mild Moderate Severe

Mobility: Independently, Cane, Walker, Wheelchair (able to self-transfer from wheelchair: Y N), Bed bound

Diabetic: Y N Uses Oxygen: Y N Smoker in Home: Y N

Pets in Home: Y N If Yes, Type: _____

CLIENT'S PHYSICAL CONDITION AND/OR LIMITATIONS: _____

Client Name: _____ pg. 2

Client Questions: Getting to Know You Better

How long have you lived in the area? _____

Where were you born? _____

What are (or used to be) your special interests, hobbies or occupation? _____

Do you enjoy: Arts & crafts? Needle work? Gardening? Board games? Playing cards? Reading?

Would you like to visit with your volunteer at home or go out? _____

Do you belong to any clubs, organizations or groups? _____

Do you like to talk about: sports/travel/history/current events/other topics? _____

Favorite movies or TV shows? _____

Do you prefer your visitor be a man or woman or no preference? _____

Any other details to help us find a nice friend for you? _____

Interested in our Friendly Caller program? Y N if Yes: M/W (10 am – noon) T/TH (11 am -1 pm)

Circle the best answer. Response is optional.

Monthly Income SINGLE					Monthly Income MARRIED					
Less than \$973	\$974-\$1613	\$1614-\$2683	Greater than \$2684	Decline	Less than \$1311	\$1312-\$1842	\$1843-\$3067	Greater than \$3068	Decline	

EMERGENCY CONTACT

Name: Last _____ First _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Home () _____ Cell () _____ Work () _____

This institution is an equal opportunity provider and employer. Serving Contra Costa County since 1968.

We are a 501 c 3 Nonprofit Organization IRS# 68-0044205

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PHONE: (925) 937-8311

info@mowsos.org

Information given on this form is confidential.

Intake Questionnaire

Client Name: _____ **Phone:** _____

Please answer the following questions. Write the score of the answer that best reflects your feelings in the column to the right.

For staff Use:

Application Date: _____ *Match Date:* _____ *Matched With:* _____

Questions for 30, 60 and 90 days				Application Date: _____ Write Score below	30 Day Date:	60 Day Date:	90 Day Date:
Question:	Answer Choices:						
How often do you feel that you lack companionship?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
How often do you feel left out?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
How often do you feel isolated from others?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
TOTAL SCORE							
STAFF USE ONLY : QUESTION AT 6 MONTHS (Date: _____)							
Do you feel that having a Friendly Visitor has improved the quality of your life?	Hardly Ever Score: 1	Some of the time Score: 2	Often Score: 3				
Comments:							