

ElderCARE

Phone: 847 406-4683

410 Grand Avenue, Waukegan, IL 60085

www.eldercarelakecounty.org

-Application to Receive Services -

I. About Person Needing Assistance

First Name: _____

Last Name: _____

Address _____

Address _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

E-mail: (optional) _____

Date of Birth: _____

Male _____ Female _____

Religion _____

or No Affiliation? _____

Name of your Congregation: _____

Location: _____

Race: (optional) _____

EMERGENCY CONTACT:

Name _____

Address _____

Email Address _____

Phone _____

Relationship _____

Does elder use any special Equipment? (i.e. cane, walker, wheelchair, etc.):

If yes, please list: _____

I certify that the information provided in this application is true, complete and correct to the best of my knowledge.

II. Referral Information

How did you hear about ElderCARE?

Referral Date: _____

Referred By (person):

Phone: _____

E-mail: _____

III. About Person Needing Assistance

What else would you like to tell us?

Hobbies? _____

Language spoken: _____

Are you able to... (check one)

get out independently

get out with help

Is elder bedbound? Yes No

Are you:

Hard of hearing?

Blind? or Visually impaired?

Signature

Date

(Over)

Does the person requesting service....(check one):

- Live alone (rent/own aptmt/house)
- Live with spouse/family
- Live with others
- Are there stairs to enter/exit the home?

Does elder have a pet? Dog? _____ Cat? _____ Other (list) _____

Does elder smoke? Yes _____ No _____

Is elder able to wear a standard vehicle seat/safety belt? Yes _____ No _____

PLEASE NOTE - ElderCARE will NOT provide the following:

- Financial services.
- Any legal services.
- Nursing care . (And volunteers do not administer medicine.)
- Personal care (i.e. bathing, feeding, toileting, lifting, etc.)
- Live-in care, overnight care, or respite care.
- Transportation for elders using wheelchairs.

IV. Needs

Please check specific assistance requested:

- Friendly Visitor**, to decrease isolation and loneliness
 - Grocery Shopper** (someone to pick up a list, shop, and put groceries away)
 - Transportation to Medical Appointments*** (Requires ten days advance notice, a suggested **\$10** donation to the program for each round trip, whenever possible.)
 - Information or Referral** for additional services
 - Home Safety Check*** **Safety Item Installation Assistance***
- *Additional forms must be signed and returned before service can begin.**

ALL INFORMATION IS CONFIDENTIAL

As **ElderCARE** primarily serves elders with low incomes, please provide the approximate annual income for yourself/or family: \$ _____

We serve elders age 65 and older, homebound, with health challenges, who have limited financial resources. As a non-profit organization, we depend on donations from elders who have the ability to contribute. ***Escorted Transportation services have a suggested donation of \$10 per roundtrip, but will be provided without charge for those elders unable to make a donation of any size.***

A one-time APPLICATION FEE of \$10 is required to be registered as a Care Receiver with the ElderCARE program.

Please mail your completed application and \$10 (*checks payable to ElderCARE*)

**To: ElderCARE
410 Grand Avenue
Waukegan, IL 60085**

Thank you. We look forward to serving you.

Please note the office phone number is 847 406-4683