



Care Recipient Assessment

Date of interview _____ How did you hear about our program? _____

Name _____ Birth date _____
(Mr., Mrs., Miss, Ms., Dr.) Last First **(Must be age 60+)**

Address _____ Phone _____
_____ Race _____
Caucasian, African American, Hispanic, Other

Services Requested (check all that apply):

- ___ Transportation
- ___ Shopping with or for a person
- ___ Respite care (relieving family member for 3-4 hours weekly)
- ___ Occasional meal preparation
- ___ Light housekeeping

(Attach list of exact repairs needed)

- ___ Minor home repairs/Wheelchair Ramp
- ___ Bills/record keeping/letter writing
- ___ Yard work/gardening
- ___ Caring companionship
- ___ Telephone reassurance
- ___ Someone to read to me

Living Arrangements: ___ living alone ___ with spouse/family member

Other _____

Needs Assessment:

Mobility: ___ cane ___ walker ___ wheelchair ___ bed bound

Aids: Glasses, dentures, hearing aids _____

Sensory problems: (vision, hearing, swallowing, chewing) _____

What specific health challenges does the client have? _____

Does the Client smoke? ___ yes ___ no Does the Client have pets? _____
If so, specify what kind of pet(s): _____

Has the client, a caregiver, or any other resident of the home ever been convicted of a misdemeanor or felony? _____

Is English the primary language? ___ yes ___ no (please indicate language) _____

Would a volunteer of the opposite sex of the client be acceptable? ____ yes ____ no

Support System:

Emergency Contact _____

Name

Relationship

_____ / _____

Address

Phone:

Day

Evening

What other types of assistance/support is client receiving? ____ relatives ____ friends

____ neighbors ____ Meals on Wheels ____ church/synagogue

Other community agencies and the assistance/support they provide (specify) _____

Neighbors who can check on care receiver in an emergency:

Name

Address

Daytime phone

Evening phone

Name

Address

Daytime phone

Evening phone

Congregational affiliation: _____

Source of Referral ____ self If other than self: _____

Name

Phone

Loved ones and friends we should add to our newsletter mailing list:

Name

Address

Relationship

Name

Address

Relationship

Information taken by: _____

MAIL COMPLETED ASSESSMENT TO:

Jane Hart, Exec. Dir.

Hart Felt Ministries

P. O. Box 54699

Jacksonville, FL 32245

Phone 904-538-0306

Fax 904-538-0307