



REQUESTS FOR SENIOR COMPANION SERVICES ARE ACCEPTED ONLY FROM PARTICIPATING SENIOR COMPANION STATIONS

### Request for Senior Companion Services

Date \_\_\_\_\_  
 SCP Station \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Directions to home: \_\_\_\_\_  
 Legal Representative: Yes/ No If yes, please list, POA / Guardian/Emergency Contact \_\_\_\_\_  
 On Bus Route: Yes/No Driver Needed: Yes/No Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

DOB: _____ Age: _____ Gender: _____ (Please circle one) Female Male	Race/Ethnicity: * (optional) (Please circle one) White Black Asian Hispanic Native American Other (Specify)	Living Arrangements: (Please circle one) Alone Spouse/Partner Adult Child Other Relative Non Relative	Marital Status: (Please circle one) Single Widowed Married Divorced Unknown	Housing Type: (Please circle one) House Apartment Group Home Assisted Living
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Does the client smoke? Yes/No Does the client have pets? Yes/No, if yes please list. \_\_\_\_\_

<b>Service Request:</b> (Please circle one) Needs Socialization Respite Assistance with Daily Living Companionship	<b>Service Frequency:</b> (Please circle) Please be as detailed as possible! Days requesting: M, T, W, TH, F No Preference Hours per day _____ or Hours per week _____ Prefers: a.m. or p.m.
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Does the client have any known medical diagnoses or symptoms in the following areas? (If so, please list)

1) Mobility impairment Yes/No _____ 2) Memory impairment Yes/No _____ 3) Visual impairment Yes/No _____ 4) Hearing impairment Yes/No _____ 5) Developmental disability Yes/No _____ 6) Mental illness Yes/No _____	7) Drug/Alcohol dependency Yes/No _____ 8) Terminal illness Yes/No _____ 9) Communication barrier Yes/No _____ 10) Immune deficiency disorder Yes/No _____ 11) Special Needs Yes/No _____ 12) Other, please list Yes/No _____
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List Current Supportive Assistance: (Names of Persons/Organizations Providing Assistance)

1) _____ 2) _____	3) _____ 4) _____
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Presenting Problem: Please describe the need for Senior Companion services: