

CONFIDENTIAL
INFORMATION



UCAN CLIENT APPLICATION
PLEASE PRINT

Office Use Only
Received _____
Interviewed _____
Approve _____
Database _____
Special Considerations _____

UCAN Caring Corps strives to assist you in the most beneficial way possible. Please complete the following application and return to **UCAN - Attn: Client Application - PO Box 7615, Urbandale, IA 50323 or FAX to 278-3931**. Upon receipt, we will schedule a time for you to meet with a UCAN representative.

If you have not heard from us within one week of submission, please contact our office at 278-3936 to confirm receipt.

Name _____ E-mail _____
Last First Middle

Address _____
Street City State Zip

_____ Male _____ Female Social Media Usage Facebook _____ Twitter _____ Linked In _____

Date of birth _____ Languages Spoken _____
Month/Day/Year

Phone: Land Line (____) _____ Cell # (____) _____ Best time to call: _____

Best Way to Contact YOU: Land Line _____ Cell _____ Text _____ E-mail _____ Regular Mail _____

Emergency Contact Name _____ Phone _____

Relationship to you _____

Limitations, if any please explain below _____ Mobility _____ Hearing _____ Vision _____ Memory _____

Other _____
(Use of Hearing Aids, Medical Alert Bracelet - What It Indicates, Use of Cane or Walker, (cannot transport wheelchair bound clients)

Is there a licensed driver in your household? ___ Yes ___ No

Can you rely on Family _____ Friends _____ Church _____ for transportation?

Are you currently employed? _____ Yes _____ No Part-time Full-time

EMPLOYER/JOB TITLE WORKING HOURS YEARS

Assistance Requested

Transportation _____
(limited to 2 times / week and 3 hour per trip)
Grocery Shopping / Errands

Yard Work
(clean up days are held once in fall / once in spring)

Handyman Services
(Small jobs - no ladders)

Other (please explain)

Please list any other members of your household and their relationship to you

Are you receiving in-home services currently? If so, what services? _____

How did you hear about UCAN / Urbandale Caring Corps?

_____ Newspaper Website Social Worker _____ Church, (please indicate) _____ Food Pantry Chamber of Commerce _____ Friend, (Please Indicate Name)

Transportation:

Primary reason for transportation assistance

Medical ____ Grocery ____ Pharmacy ____ Senior Center ____ Hair Appts ____

Can you get into and out of a car with minimal assistance Yes No

Can you get into and out of a minivan or SUV with minimal assistance Yes No

Do you need assistance walking to the appointment once driven there? Yes No

Grocery Shopping/Errands:

____ Regularly Scheduled, (indicate in table below) ____ Intermittent Requests Only

____ I will go to the store with volunteer ____ I'd like to send a list and payment with volunteer

Do you tire easily while shopping? ____ Yes No

Do you need assistance while in the store ____ Yes No

Do you need help carrying in groceries and putting away? ____ Yes No

Please indicate day /time of routine weekly appointments, if any, that require transportation in table below:

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
					May not be available
					May not be available

Reminder: We are a volunteer organization and while we do our best to meet every request, all services are subject to volunteer availability. Please provide as much notice as possible when requesting transportation. Please do your best to not cancel or provide as much notice as possible if cancellation is unavoidable.

Yard Work:

Do you need _____ Occasional Assistance ____ Regularly Scheduled Assistance

Does the yard need _____ Mowed Raked Trimmed Snow Removal Dimensions

of yard _____ Is it _____ level _____ sloped

Do you have _____ Mower & Gas Rake Leaf Blower Snow Shovel Snow Blower & Gas

General:

Is there anything our volunteers should be aware of while assisting you that has not been addressed above? Please explain:

Client Guidelines:

UCAN Caring Corps Volunteers give their personal time to provide all services of the organization. They receive no compensation for the time or expense incurred during their volunteer time. Without a large, vibrant volunteer force, our organization would not be able to provide any services. For these reasons, the following guidelines are expected of clients receiving UCAN Caring Corps services.

1. Treat UCAN volunteers and staff in a courteous, respectful manner.
2. Give as much notice as possible when requesting services. (Remember 2 ride/week limit, 2 hours max duration per trip)
3. Will not add on stops after being picked up – plan your trip and tell the scheduler so we can accommodate your needs
4. Will give ample notice when cancelling trips is unavoidable but do my best to keep all scheduled rides – cancellation of multiple trips may result in termination of services
5. Will always remember that those helping me are unpaid volunteers that are giving back to my community

I have read, understand and agree to UCAN Client Guidelines.

I understand that 1 must be officially accepted before becoming a client. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Urbandale Community Action Network (UCAN) client. I understand that failure to comply with the rules may lead to termination of services.

Signature _____ Date _____

UCAN CARING CORPS RESERVES THE RIGHT TO DENY SERVICES