

**CONFIDENTIAL  
INFORMATION**



**Office Use Only**

Received \_\_\_\_\_  
Interviewed \_\_\_\_\_  
Approve \_\_\_\_\_  
Database \_\_\_\_\_

Special Considerations  
\_\_\_\_\_  
\_\_\_\_\_

**UCAN CLIENT APPLICATION**  
PLEASE PRINT

UCAN / The Urbandale 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.

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Last First Middle

Sex \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_  
Street City State Zip

Date of birth \_\_\_\_\_ Languages Spoken \_\_\_\_\_  
Month/Day/Year

Phone Land Line (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Age Bracket \_\_\_ 0-20 \_\_\_ 21-40 \_\_\_ 41-60 \_\_\_ 61-80 \_\_\_ 81+

Do you have durable power of attorney for healthcare situations? \_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare concerns: \_\_\_\_\_

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))

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)

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

**Grocery Shopping / Errands** \_\_\_\_\_

**Companionship** \_\_\_\_\_

**Handyman Services** \_\_\_\_\_  
(Small jobs – no ladders)

**Other (please explain)** \_\_\_\_\_

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

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) \_\_\_ Other, (please indicate)

For the assistance requested above, please provide the following information on the back of this page:

**Transportation:**

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

Do you use the following \_\_\_\_\_ Cane \_\_\_\_\_ Walker \_\_\_\_\_ Other, please explain

**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.

**Companionship:**

Would you prefer \_\_\_\_\_ Telephone Calls \_\_\_\_\_ In-home Visits

How often would you like visits? (Typically one hour / week) \_\_\_\_\_

**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, 3 hours max duration per trip)
3. Do not ask to add on stops after being picked up – plan your trip and tell the scheduler so we can accommodate your needs
4. Give ample notice when cancelling a trip is unavoidable but do my best to keep all scheduled rides – cancellation of trips without notice will result in termination of services.

**We reserve the right to refuse service at any time. Our number one concern is the safety of those we are driving and our volunteers. If you have a medical condition that is unregulated or requires assistance above what our volunteers can provide, we will refer you to other transportation services such as Paratransit, DART, or private transport companies.**

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

I understand that I 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 these procedures may lead to termination of services.

Signature \_\_\_\_\_ Date \_\_\_\_\_