



Good Shepherd Caregivers

Application for Services

CONFIDENTIAL INFORMATION

Applicant Information

Date: _____

Name: _____ Referred by: _____
First Last

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Birthdate: _____ Age: _____ Gender: _____

Health Status

Health Status (check one that applies): Good Fair Poor

Do you have a physical disability/chronic illness: Yes No

If so, please list: _____

Assistance Required (check one that applies): Wheelchair Walker Cane Steady Arm

Sensitivities (check all that apply): Smoke Perfume Pets Other/s: _____

Insurance Provider: _____

Current Help Needed

- Transportation to Medical Appointments
- Visiting
- Shopping/Errands
- Reassurance Calls

Living Situation

- Alone
- With Spouse
- With Family

Additional Information

Is there additional information you would like to make us aware of?

Emergency Contact

Name: _____ Relationship: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Referral Permission & Applicant Signature

Do we have permission to make referrals for you to other agencies? *(For example, if you qualify for a service provided by an agency, do we have permission to contact that agency to provide the service for you?)*

Yes No

Note: Referrals will not be made without your knowledge or consent.

By signing this application, you are confirming the information presented is accurate. Also, you are granting Good Shepherd Caregivers and its representatives authority to contact emergency personnel in the event an emotional or physical health crisis occurs while GSIVC services are being provided.

Applicant Signature: _____ Date: _____

Please return completed applications by mail:
Good Shepherd Caregivers
OR email: info@gsivc.org