



Phone: 847 406-4683
410 Grand Avenue, Waukegan, IL 60085

-Application to Receive Services -
A one-time APPLICATION FEE of \$10 is required to be registered

I. About Person Needing Assistance

First Name:
Last Name:
Address
Address
City:
State:
Zip Code:

Home Phone:
Cell Phone:
Do you have a [] Computer [] iPad
iPhone []
E-mail:
Date of Birth:
Male Female
Veteran Status ___ Veteran ___ Non Veteran

Religion
or No Affiliation?
Church name and town:

Race:
Who may we contact in an

EMERGENCY?

Name
Complete Address
E-mail Relation
Phone

II. Referral Information

Referral Date:
Referred By (person):
Phone:
E-mail:

III. About Person Needing Assistance

What else would you like to tell us?
Occupation before you retired?
Hobbies?
Language spoken:

Are you able to... (check one)

[] get out independently
[] get out with help
Is elder bedbound? []Yes []No
Are you:
[] Hard of hearing?
[] Blind? or [] Visually impaired?

Does elder use any special Equipment? (i.e. cane, walker, wheelchair, etc.):
If yes, please list:

I certify that the information provided in this application is true, complete and correct to the
best of my knowledge. Signature Date

Does the person requesting service....(check one):

- Live alone Rent Own apartment Single family home
 Live with spouse/family
 Live with others

Caregiver Name _____ Phone # _____

Does elder have a pet? Dog? _____ Cat? _____ Other (list) _____ No _____

Does elder smoke? Yes _____ No _____

Is elder able to wear a standard vehicle seat/safety belt? Yes _____ No _____

PLEASE NOTE - ElderCARE will NOT provide the following:

- Financial services.
- Any legal services.
- Nursing care. (And volunteers do not administer medicine.)
- Personal care (i.e. bathing, feeding, toileting, lifting, etc.)
- Live-in care, overnight care, or respite care.
- Transportation for elders using wheelchairs.

IV. Needs

Please check specific assistance requested:

- Friendly Visitor**, to decrease isolation and loneliness
 Grocery Shopper (someone to pick up a list, shop, and put groceries away)
 Transportation to Medical Appointments* (**Requires 10 days advance notice**, a suggested **\$10** donation to the program for each round trip (whenever possible))
 Reassurance Calls (telephone)
 Information or Referral for additional services

* **Additional forms must be signed and returned before service can begin.**

ALL INFORMATION IS CONFIDENTIAL

Please provide the approximate annual income for yourself/or family: \$ _____

We serve elders age 65 and older, homebound, with health challenges, who have limited financial resources. As a non-profit organization, we depend on donations from elders who have the ability to contribute. ***Escorted Transportation services have a suggested donation of \$10 per roundtrip, but will be provided without charge for those elders unable to make a donation of any size.***

A one-time APPLICATION FEE of \$10 is required to be registered as a Care Receiver with the ElderCARE Lake County program.

Please mail your completed application and \$10 (checks payable to ElderCARE Lake County)

**To: ElderCARE Lake County
410 Grand Avenue
Waukegan, IL 60085**

Thank you. We look forward to serving you.

Please note the office phone number is 847 406-4683