

ShareCare

Your Life. Your Home. Our Help.

INTAKE QUESTIONNAIRE

Please note: Instructions listed at the end of this form on how to download and fill out online. If printing a hard copy to fill out, please mail to: ShareCare, PO Box 157 Suttons Bay, MI 49682

Date: _____

Name: _____ **Nickname:** _____

DOB: ___/___/___ **Age:** _____ **Phone:** _____

Address: _____

Email: _____

Do you live alone? Yes ___ No ___

If No, please provide the contact information for the person you live with:

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Address: _____

Emergency Contact

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Address: _____

WHAT FAMILY SUPPORT DO YOU HAVE?

Children: _____ **Grandchildren:** _____ **Siblings:** _____

Do they live locally? Yes ___ No ___

Do you have any pets (type and how many): _____

How often do you see family members or friends? _____

NEIGHBOR SUPPORT

Do you have a neighbor you can call in an emergency? YES / NO

If yes, please provide their **Name:** _____

And **Phone Number:** _____

LIVING ENVIRONMENT

Do you feel safe in your home? Yes___ No___

What chores are you still doing? _____

Are there chores you no longer do? _____

Do you still drive? Yes ___ No ___

Which of the following do you have in your home: (check all that apply)

- Landline phone
- Cell phone
- Internet
- Computer
- Smoke Detectors
- Carbon Monoxide Detector
- Generator
- Stairs to an upstairs or basement
- Steps into home
- Ramps
- Area rugs
- PERS-Personal Emergency Response Services/Lifeline

Do you stay in Leelanau County in the Winter? Yes___ No___

If no, please provide the approximate dates you are NOT here:

From _____ To _____

Winter Address: _____

Do you use any assistive devices (check all that apply)

- Cane
- Walker
- Wheelchair
- Grab bars
- Removable shower head
- Shower chair
- Shower bench
- Toilet riser

Did you serve in the Armed Forces? Yes___ No___

WELL-BEING

What is most important to you in maintaining your health & happiness? _____

Do you require any assistance with any of the following activities?
(check all that apply)

- Dressing
- Bathing
- Meal Prep
- Medications
- Transportation
- Laundry
- Dishes
- Lawn Care
- Snow Removal

What activities do you most enjoy?

Are you interested in attending any social events?

How do you relax? _____

Are you lonely or sad? Yes___ No___

How often do you feel overwhelmed?

- Daily
- Weekly
- Every so often
- Never

Do you smoke or vape: Yes ___ No___

Do you have vision loss or impairment that impacts your ability to participate in daily activities? Yes _____ No _____

- Do you have/need corrective lenses? Yes _____ No _____

Do you have hearing loss or impairment that impacts your ability to participate in daily activities? Yes _____ No _____

- Do you have/need hearing aids? Yes _____ No _____

Do you have chronic pain? Yes___ No___

If yes, where do you experience chronic pain?

Do you have any mobility challenges? Yes___No___

Have you had any recent falls? Yes____ No____

What therapies do you utilize? (check all that apply)

- Psychological Support
- Physical Therapy How often: _____
- Occupational Therapy How often: _____
- Massage or Chiropractic (please circle service)
- Additional Services: _____

Do you have any acute or chronic conditions that impact your daily function and/or mobility? (please list)

Have you volunteered with ShareCare? Yes ____ No____

Are you interested in volunteering? Yes ____ No____

How can ShareCare best support you?

INSTRUCTIONS ON HOW TO USE THE FILLABLE PDF

To open and complete a fillable PDF form, you will need Adobe Reader. If you do not have it installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>

It's recommended that you first download/save the PDF form to your computer and then open it with Adobe Reader and fill it. It is not recommended to use any web browser to open the form.

How to download/save the fillable PDF to your computer:

Click on the form link, it will automatically download it to your computer. Then go to your download folder, click on the file, and then save it to your download folder or you can choose a folder on your computer. Go to the downloads folder or the folder you chose on your computer. Double click on it and it should open in Adobe Acrobat. From there, you can click on the fields and fill out the form.

Once you've filled out the form, save it to your computer. You can either print the completed form and mail it to: ShareCare, PO Box 937, Leland, MI 49654 or you can email it to: info@sharecareleelanau.org