



Hearts for Seniors Inquiry Form

Our services are to support independence by assisting isolated seniors, ages 65+ with their companion care needs in the comfort of their own home. We are a volunteer-driven program. Qualifying seniors are one's who live independently in their own home void of major cognitive, mental health or physical concerns. If currently living in an assisted living facility or retirement community, our services do not apply at this time. Please keep in mind that we are not licensed medical or mental health professionals when making referrals.

Date	
Name	
Date of Birth	
Street Address	
City State Zip	
Phone	
Race/Ethnicity	

Referred by: _____ Number _____

Living Situation

Lives alone? Yes ☐ No ☐

Does the senior have any help or support systems in place? Please explain.

Support Needed (Check all that apply)

☐ Companion Care: (companionship, light housekeeping, etc.)

☐ Ride Assistance: (ride to store, appointments, etc.)

☐ Home Maintenance: (fall prevention, yard clean up, etc.):

Personal Questions

Is the home a safe environment for volunteers to enter? Yes ☐ No ☐

Concerns:

Pet(s), please list: _____

Does anyone smoke within the home? Yes ☐ No ☐

Health Concerns/Symptoms

Any cognitive or mental health concerns? Yes ☐ No ☐

Any suicidal ideation concerns or attempts? Yes ☐ No ☐

Any alcohol or substance abuse? Yes ☐ No ☐

Do they have any case management services? Yes ☐ No ☐

If yes to any of the above, please explain:

Providers name and number:

CCO Insurance company and secondary provider:

Email Instructions: Download this form. Complete the form. Save it.

Email to the appropriate county as shown below. Please make sure to attach this form to that email.

Jackson: JacksonCo@hwam.org

Josephine: JosephineCo@hwam.org

Klamath: KlamathCo@hwam.org

Douglas: DouglasCo@hwam.org

Coos: CoosCo@hwam.org

Lincoln: LincolnCo@hwam.org