



Interlakes Community Caregivers, Inc.

Neighbors Helping Neighbors Since 1998 in Center Harbor, Meredith, Moultonborough & Sandwich

PO Box 78 • Center Harbor, NH • 03226 • Office: 253-9275 • Service Line: 253-9100

<https://InterlakesCares.org>

NEIGHBOR APPLICATION FORM

Name: _____
Last First Middle Initial

Physical Address: _____
Street Town

Mailing Address: _____
(If different than physical address)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ Gender: _____

Marital Status: _____ Living Situation: _____
(Single, Divorced, Widowed) (Alone, Family, 50+Community, Nursing Home)

You are requesting: _____ Rides _____ Friendly Visits _____ Volunteers to do errands
for you
_____ Other _____

Please check all that apply

You are currently a: _____ New Neighbor _____ Returning Neighbor

You expect your need to be: _____ Temporary _____ Long Term

Physical Limitations: _____ Cane _____ Walker
_____ Hearing Impaired _____ Vision Impaired
_____ Oxygen Required _____ Other _____

Home Characteristics: Cat _____ Dog _____ Smoker _____

Other agencies or organizations providing services to you: _____

Other transportation available: _____

How did you hear about us? _____
(Friend/Relative, Doctor, Church, Other Agency, Newspaper, Newsletter, Website)

EMERGENCY CONTACT:

Name: _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

Relationship: _____

FAMILY CONTACT:

Name: _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

Relationship: _____

Please read and provide your signature on the line below:

In completing this application, I agree to abide by Interlakes Community Caregivers', Inc (ICCI) policies and guidelines, as may be adopted or amended from time to time. I confirm that all information is correct to the best of my knowledge. I also acknowledge that services will be provided by volunteers in response to each individual service I request. I understand that I must provide at least 5 business days notice for any service to be handled by the Interlakes Community Caregivers' volunteers and this service is offered on weekdays only. I give my permission for a member of Interlakes Community Caregivers, Inc. to confirm my appointment with a service provider, if necessary. My signature will be kept on record by ICCI and will apply to all services provided. I understand that ICCI will keep all information I provide confidential.

SIGNATURE: _____ **DATE:** _____

Please note: this form must be signed and received prior to services being rendered. We will contact you upon receipt to conduct an intake. Thank you for completing this form and we look forward to serving you.