

# REGISTRATION FORM

Interfaith Volunteer Care Givers of Greater New Haven  
30 Gillies Road, Hamden, Connecticut 06517  
203-230-8994 www.carenewhaven.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec # (last 4 digits) \_\_\_\_ \_ (Required by Agency on Aging)

Ethnicity: African American \_\_\_ Native American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Sex: M/F (circle)

Marital status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Primary Language: English \_\_\_ Spanish \_\_\_ Other \_\_\_\_\_ Are you fluent in English? Y \_\_\_ N \_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Relationship – spouse, son, daughter, friend, social contact)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Person who completed this application (if different from Emergency Contact):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Relationship to applicant: \_\_\_\_\_)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

HOUSING TYPE (circle one): Private Home / Private Apartment / Senior Housing / Congregate / Assisted / Other

HOUSING: (circle one): Live Alone / With Spouse or partner / With Children / Other Relatives

I live alone and my monthly income is: Less than \$817 \_\_\_ \$818-\$1021 \_\_\_ \$1022-\$1225 \_\_\_ \$1226-\$1429 \_\_\_  
\$1430-\$1633 \_\_\_ More than \$1634 \_\_\_ Unknown \_\_\_

I live with my spouse and our monthly income is: Less than \$1100 \_\_\_ \$1101-\$1375 \_\_\_ \$1376-\$1650 \_\_\_  
\$1651-\$1925 \_\_\_ \$1926-\$2200 \_\_\_ More than \$2201 \_\_\_ Unknown \_\_\_

Do you need help with any of the following daily living activities: (check as applicable)

Eating \_\_\_ Dressing: \_\_\_ Bathing/Washing: \_\_\_ Using the toilet: \_\_\_ Getting out of bed/chair: \_\_\_

Walking: \_\_\_ Planning/preparing meals: \_\_\_ Shopping: \_\_\_ Managing money: \_\_\_

Using the telephone: \_\_\_ Heavy housework: \_\_\_ Light housework: \_\_\_ Taking medicine: \_\_\_

Using transportation: \_\_\_ Rides to medical appointments: \_\_\_\_\_

(Please see reverse of form for policies and procedures.)

## REGISTRATION FORM

IVCG is funded in part by a grant from the Agency on Aging of South Central CT, which requires us to register our clients and account for the services provided to them. IVCG carries insurance covering our volunteer delivered services. The AOASCC and our insurance carrier require us to provide the information requested above. Your privacy is protected and respected. You must be age 60 or older to receive services through IVCG. We can accommodate walkers and canes but at this time we cannot transport a wheelchair.

**MEDICAL RIDE INFO:** Call **203-230-8994** to book your ride, or email us at [interfaith@carenewhaven.org](mailto:interfaith@carenewhaven.org). You may call us between 8:30 AM and 4 PM during the week, or call anytime and leave a message on our answering machine and we will get back to you. If possible, ask your medical provider to schedule your appointment for the hours of 9 AM and 3 PM so as to minimize traffic for our drivers.

**RIDE PROCEDURE:** if you have a ride booked with us, we will call you the week before your appointment to give you your driver's name, and your driver will also call you the day before to confirm. *Please pick up your phone that day, even if you usually don't pick up unknown numbers.* If your driver cannot make contact with you, he/she will not come to pick you up.

Due to overwhelming demand for our services, at the present time we ask that our clients limit their ride requests to one ride (round-trip) per week. We need a minimum of one week's advance notice to book a ride and rides may be scheduled as far in advance as you wish. If you need to cancel your ride within 24 hours of pickup, please call our office and if you cannot speak to someone in person, call the emergency number on the office message.

**NO TIPS:** Our volunteers do not accept tips. Please mail us a donation or donate on-line through our website ([carenewhaven.org](http://carenewhaven.org)) if you would like to support IVCG's services. We are a 501c3 tax exempt organization and a registered Connecticut charity. A donation is not required in order to receive services.

**IVCG is supported in part by the Agency on Aging of South Central Connecticut.**