

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 ___ Separated ___

Primary Language: English ___ Spanish ___ Other _____ Are you fluent in English? Y ___ N ___

Emergency Contact:

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

Veteran? ___ If so, branch of service: _____

How did you hear about IVCG? _____

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 / Room-mate

I live alone and my monthly income is: Less than \$1063 ___ \$1064-1329 ___ \$1330-1595 ___ \$1596-1861 ___
\$1862-2127 ___ More than \$2128 ___ Unknown ___

I live with my spouse and our monthly income is: Less than \$1437 ___ \$1438-1796 ___ \$1797-2155 ___
\$2156-2514 ___ \$2515-2873 ___ More than \$2874 ___ 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: ___

Religious congregation (if applicable, no relation to services): _____

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

FOR OFFICE USE:

Date entered in Ride Scheduler: _____ Date Form 5 created: _____ Appointments booked? ___

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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 between 8:30 AM and 4 PM during the week, or call anytime and leave a message on our answering machine and we will return your call.

RIDE PROCEDURE: if you have a ride booked with us, your driver will 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. You must notify us immediately if you need to cancel your ride; once we have booked your ride we are committed to providing it and if you do not cancel in a timely manner you are depriving another client of the opportunity to have the service. Excessive cancellations will lead to termination of future service.

NO TIPS: Our volunteers do not accept tips. Please mail us a donation or donate on-line through our website (carenewhaven.org) to help support IVCG's operations. 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.