



DATE: _____

SURVEY/PRE-QUALIFICATION QUESTIONNAIRE

Community Name : _____

Community Address : _____ Unit/Rm. #: _____

Full Name : _____

Phone No : _____ Birthday: _____

Please Check Appropriately:

___ I am over 55 years of age

Monthly Income: Under \$2,100.00

\$ _____

TELL US ABOUT YOUR NEEDS:

Personal Care:

- ___ Medication Reminder
- ___ Dressing
- ___ Bathing/Showering/Sponge Bath
- ___ Toileting/Incontinence Care
- ___ Ambulation/Transfer-Assist
- ___ Hair Care (Wash/Set)
- ___ Shaving/Grooming
- ___ Skin Care (Apply cream/lotion)
- ___ Nail Care (File/Polish)

Companionship:

- ___ Activities
- ___ Visit/Chat
- ___ Escort to Dining

Light Housekeeping:

- ___ Dusting ___ Beddings
- ___ General Tidying ___ Trash

Laundry:

- ___ Wash ___ Fold
- ___ Dry ___ Put Away

Meal Preparation:

- ___ Cooking ___ Serving
- ___ Wash Dishes ___ Preparation

Pets: _____

Notes:

Preferred Service Time:

FOR OFFICE USE ONLY:

Level of Care: 1 2 3

Qualified: ___ YES ___ NO (IF no, state reason: _____)

Start Date: _____

Licensed In-Home Provider: _____