

Today's Date: _____

Eligibility Checklist: Please check all that apply

- Participant is at least 60 years old
- Lives in Seattle City limits OR within King County **and** participating in ADS case management
- Lives alone
- Has few regular visitors
- Wants a friendly visitor for social visits twice monthly
- Able to participate in forming a mutually rewarding friendship
- Not bed-ridden or end stages of a terminal illness
- Not experiencing moderate to advanced dementia

elderfriends@fulllifecare.org

4712 35th Ave. S
Seattle, WA 98118

Participant Information

Participant Name:

First: _____ Middle: _____ Last: _____

Address: _____ City: _____ Zip: _____

Home Telephone Number: _____ Best time of day to call: _____

Alternate Phone: _____ Email: _____

Birthdate: ___/___/___ **Age:** _____ **Gender:** Female Male Other _____

Number of people in household: _____; if more than 1, describe _____

Interview Questions (please ask of the potential participant)

1. How often do you feel lonely or isolated? Sometimes once or twice a week daily
2. Would you like to have a friendly visitor (volunteer) twice a month? Yes No
3. Would you prefer your visitor to be a Man Woman No Preference
4. Do you smoke? Yes No
5. Are you open to having a volunteer visit with a child? Yes No
6. What personality characteristics would you like your visiting friend to possess?
7. What interests/activities are important for you to share with them?

Demographic Information

Marital Status: Never married/partnered Married/partnered Widowed Divorced Separated

Race: African American Asian Native American Hispanic/Latino
 Hawaiian/Pacific Islander White/Caucasian Other: _____

Veteran Status: Served in the Military; Arm of service: _____

Annual Income: Very Low (below \$18,850/year) Moderate (below \$46,100)
 Low (below \$31,400/year) Above Moderate (above \$46,100)

Languages Spoken: English Spanish Russian Vietnamese Chinese Other_____

Diagnosis & Challenges Experienced by Participant

Physical and Cognitive Health:

Vision Loss Hearing Loss Incontinence Stroke Speech impairment
 Diabetes History of alcoholism or substance abuse Chronic Illness
 memory loss Other_____

*if elder experiences memory loss or early stage dementias, he/she must be able to actively participate in forming a friendship. Please describe the elder's symptoms:

Emotional/Personality Traits:

Depressed Talkative Frequent Complaints Withdrawn Anxious Shy
 Demanding Outgoing Open Minded Expressive Irritable Grieving

Mobility:

Poor Balance Uses walker Uses Cane Wheelchair: __manual __transport __power
 Current fall risks _____ History of Falls _____

What else should ElderFriends know about in order to best communicate with and support the referred elder in connecting with a community volunteer?

Referral Source Information

Referred By: _____ Relationship to Elder: _____

Referent's phone #: _____ email address: _____

Is the referred elder currently receiving services through Aging and Disability Services/DSHS? Yes No

If yes, Name of assigned Case Manager: _____

Contacts

Case Manager or Social Worker:

Name: _____ Relationship: _____
Organization: _____ Daytime Phone: _____

Family member or neighbor for emergencies:

Name: _____ Relationship: _____
Evening Phone: _____ Daytime Phone: _____

Mail to: ElderFriends 4712 35th Ave. S, Seattle, WA 98118 Questions? 206-224-3790;
www.elderfriends.org; elderfriends@fulllifecare.org