



# Faith in Action of the Greater Kanawha Valley

## Initial Application for Services

## CONFIDENTIAL INFORMATION

### Applicant Information

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

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Health Status

Health Status (check one that applies):  Good  Fair  Poor

Do you have a physical disability/chronic illness:  Yes  No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Assistance Required (check one that applies):  Wheelchair  Walker  Cane  Steady Arm

Sensitivities (check all that apply):  Smoke  Perfume  Pets Other/s: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

### Current Help Needed

- Transportation to Medical Appointments
- Reassurance Calls
- Shopping/Errands

### Living Situation

- Alone
- With Spouse
- With Family

## Additional Information

Is there additional information you would like to make us aware of?

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## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Referral Permission & Applicant Signature

**Do we have permission to make referrals for you to other agencies?** *(For example, if you qualify for a service provided by an agency, such as a home nurse or Kanawha Valley Senior Services, do we have permission to contact that agency to provide the service for you?)*

Yes  No **Note: Referrals will not be made without your knowledge or consent.**

**By signing this application, you are confirming the information presented is accurate. Also, you are granting Faith in Action of the Greater Kanawha Valley, Inc. and its representatives authority to contact emergency personnel in the event an emotional or physical health crisis occurs while FIAGKV services are being provided.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_