**CHORE-ASSISTANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: | | DOB: | |
| Address: | | | |
| City: | State: | | Zip: |
| Phone: | Gender: | | |

**Race/Ethnicity** Choose an item.

**Emergency Contact**

|  |
| --- |
| Name: |
| Relationship to Client: |
| Address: |
| Phone: |
| How did you hear about us? |

**Clients Living Arrangement:** Alone  With spouse  With others

**Does the client speak English?** Yes  No

**Will a translator be helpful to discuss the client’s needs?** Yes  No

**What language?**

**Requested Chore Assistance Date Chore Assistance is needed:**Click or tap to enter a date.

Carpentry—Basic home repairs, fence repair

Plumbing—leaky faucets, clogged sink, etc

Electrical—light fixtures, frayed cords

Snow removal—shovel or snowplow a sidewalk

Respite care—staying with a client while the primary caregiver is away. NOTE: There

is **NO** nursing care **NOR** housework required.

Yard work—basic gardening, edging, trimming or mowing

Housework—cleaning a kitchen or bathroom, help with the laundry, basic

vacuuming

Special projects—house painting, yard clean up: OFTEN DONE BY A YOUTH GROUP

Transportation

**Client Signature:** Click or tap here to enter text. **Date:**Click or tap to enter a date.

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