**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.

Supported by Spokane County Development Block Grant and local Spokane County Churches