

## REQUEST FOR SERVICES

*I am interested in Citizens Who Care's services for a friend or family member.*

Your Own Name \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ email \_\_\_\_\_

Best time & number to call you \_\_\_\_\_

Your relationship to the person you are referring \_\_\_\_\_

How did you find out about Citizens Who Care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Prospective Elderly Client \_\_\_\_\_

Prospective Client Address \_\_\_\_\_

Prospective Client Home phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please describe prospective client's situation and needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the programs service(s) you are interested in:

In-Home Friendly Visits and Caregiver Respite

Convalescent Hospital Visiting

Time Off for Caregivers

Information & Referrals

### **CITIZENS WHO CARE for the Elderly**

409 Lincoln Ave, Woodland, CA 95695 · Tel (530) 758-3704

Fax: (530) 668-8788 · E-mail: citizenswhocare@omsoft.com