

## REQUEST FOR SERVICES

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

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

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Date of Birth, **if you are referring yourself** \_\_\_\_\_

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

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### **If this is NOT a self-referral:**

Name of Prospective 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/or Caregiver Relief

\_\_\_\_\_ Saturday Club

\_\_\_\_\_ Information & Referrals

\_\_\_\_\_ Not sure. Please contact us to discuss options.

**CITIZENS WHO CARE**  
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