

PARISH MINISTRY OF CARE

Care Receiver Information Form

Name

Address

Postal Code

Home Phone Number

E-Mail

Other Information (e.g. hard of hearing, wheel chair, slow to come to phone, etc.)

Name submitted by

Relationship

Phone Number

Reason for the Visit

- Just to chat To listen Read for them Answer mail Hear parish news
 Communion Play cards To sit quietly Pray with them Read Scriptures
 Other _____

Visitation Expectations

- | Frequency | Duration |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> weekly | <input type="checkbox"/> ½ hour |
| <input type="checkbox"/> bi-monthly | <input type="checkbox"/> 1 hour |
| <input type="checkbox"/> monthly | <input type="checkbox"/> Other |

Visitor(s)

Phone Number(s)

Note: This program is not meant to replace or interfere with families, care givers, Home Care, or any of the agencies that provide a formal service. Visits will only be arranged by the parish office if requested by an individual.