

PRESITE VISIT _____

**FAITH IN ACTION OF BRAZOSPORT
REFERRAL FORM**

CLIENT NAME: _____ AGE: _____ PHONE: _____

ANOTHER ADULT CONTACT: _____ PHONE: _____

MAILING ADDRESS _____

DIRECTIONS TO HOUSE: _____

MEDICAL CONDITION:

Check those that apply:

- Hard of Hearing _____
- Poor Vision _____
- Blind _____
- Feeble _____
- Not Ambulatory _____
- Uses Walker _____
- Shy _____
- Easily Frightened _____
- Difficulty Talking _____
- Dialysis _____
- Oxygen _____
- Bed Ridden _____

HOME REPAIRS REQUESTED

Check those that apply:

- Wheel Chair Ramp _____
- Cleaning _____
- Porch _____
- Steps _____
- Handrails _____
- Painting _____
- Screens _____
- Yard Work _____
- Windows _____
- Minor roofing _____
- Trash Hauled _____
- Other _____

Language Spoken: English _____ Spanish _____ Other _____

Environment _____

Problems with: Dogs _____ Cats _____ Fleas _____ Termites _____
Other _____

Does Client Own Home? _____ Rent Home _____

Referral From: _____ Phone: _____ Date: _____

AGENCY _____ Address _____

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Faith in Action
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