



Membership Application

Thank you for your interest in becoming a LOWLINC member! We invite you to fill out this application so we can get to know you. Once you complete the application, we will set up a time for an interview in your home so you can tell us more about your needs and we can talk about how LOWLINC can assist you. Please return your completed application to LOWLINC, Box 518, Locust Grove, VA 22508.

CONTACT INFORMATION

DATE _____

1. Name(s)

[Applicant #1]

[Applicant #2] _____

2. Address _____ LOW Section # _____

3. Specific Directions to Home/Access

4. Phone Number(s) Home _____ Cell #1 _____

Cell #2 _____

5. Email Address(es) #1 _____ #2 _____

6. Emergency Contacts

Name _____ Relationship _____

Phone _____ Cell _____ Email _____

Name _____ Relationship _____

Phone _____ Cell _____ Email _____

Closest neighbor/friend in community:

Name _____ Relationship _____

Phone _____ Cell _____

Email _____

Does anyone have keys or access to home?

Name _____ Relationship _____

Phone _____ Cell _____

Email _____

DEMOGRAPHIC INFORMATION

1 Date/s of Birth [Applicant #1] _____ [Applicant #2] _____

2. Marital Status _____

3. Household Members _____

4. Pets (include any pertinent information regarding the pet(s) _____

5. Smokers _____

LANGUAGE

Spoken in the home? _____

PREVIOUS EMPLOYMENT

1. Job history (brief) [Applicant #1] _____

Applicant #2 _____

2. Interests _____

HEALTH

General Condition (Would you say your health is generally Excellent, Good, etc.?)

Applicant #1 _____ Applicant #2 _____

Chronic Illnesses

Any difficulty with the following (Please indicate which applicant, e.g., #1 , #2):

1. Learning, remembering, or concentrating Y _____ N _____

2. Dressing, bathing, or getting around the home Y _____ N _____

3. Getting outside the home alone to shop or visit a doctor's office Y ____ N ____

4. Limited Driving Y _____ N _____ Drive at night Y _____ N _____

5. Dietary Restrictions Y _____ N _____

(Explain any of the above) _____

COMPUTER

Do you have a computer? Yes No

Do you currently use the internet? (Please indicate which applicant) Yes No

If you are not currently using the internet, would you like to learn? Yes No

Would you prefer to receive materials by email? Yes No

NEEDS/EXPECTATIONS

1 Why are you interested in membership in LOWLINC? _____

2. Who, if anyone, is helping you now?

- Children
- Neighbor
- Friend
- Church
- Social services (Please list agency/organization) _____
- Other (Please describe) _____

3. Whom do you contact in an emergency or for assistance? _____

4. Once you are a LOWLINC member, LOWLINC will provide referrals for services that meet your needs. We have listed our areas of service. Which of the following services do you feel you need now or are likely to need?

- Referral to service providers (specify which types) _____
- Transportation (describe) _____
- Light home maintenance (describe) _____
- In-home assistance (water plants, walk dog, get mail, etc.) _____
- Computer/electronic device assistance _____
- Friendly visits/check-in calls _____

ADDITIONAL COMMENTS/REQUESTS (Please attach an extra sheet if needed)

I give my permission for an in-home interview and assessment of my needs:

Signed: _____

Please return your completed application to: LOWLINC, Box 518, Locust Grove, VA 22508