

# Caring Team Questionnaire

## **Initial Contact Person:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Person/Family in Need:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

## **Preliminary Details:**

Why in need? \_\_\_\_\_

Day(s) in need:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Visiting/Fellowship  House Work  Outside  Inside

Child Care (see other side)  Meals (see other side)

## **Connection at Church (i.e. Home Group Leader, Sunday School Class, Mentor...):**

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

## **Visiting / Fellowship**

At Home  At other location: \_\_\_\_\_

Best time of day for company: \_\_\_\_\_

More Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Housework**

Cleaning  Yard Work  Plumbing  Electrical  Other \_\_\_\_\_

Best time of day for help: \_\_\_\_\_

More Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Caring Team Questionnaire

### **Child Care**

At Home     At other location: \_\_\_\_\_

Child Name(s)/Age(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

More Details: \_\_\_\_\_

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### **Meals**

At Home     At other location: \_\_\_\_\_

Allergies: \_\_\_\_\_

Preferences: \_\_\_\_\_

Best time of day for meal delivery: \_\_\_\_\_

How Many Adults/Children per meal: \_\_\_\_\_

More Details: \_\_\_\_\_

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Please send completed form to Grace Porter at [grace.d.porter@gmail.com](mailto:grace.d.porter@gmail.com)