

RMFTB Client Application

**Denotes Required Field*

PERSONAL INFORMATION	
*Name:	*Date of Birth:
*Legal Name if different than above:	
*Address:	
*City:	*Zip:
*Home Phone:	*Cell Phone:
*Best time to call:	
*Email Address:	
*Do you speak a language other than English? :	
How did you hear about our program?	
EMERGENCY CONTACTS (please provide 2 contacts)	
*Contact Name:	*Phone:
*Relationship to yourself:	
*Contact Name:	*Phone:
*Relationship to yourself:	
SERVICES REQUESTED (You will not be limited to the ones you select. It just helps us understand your needs.)	
<input type="checkbox"/> Doctor Visits <input type="checkbox"/> Shopping <input type="checkbox"/> Visiting Family/Friends <input type="checkbox"/> Religious Services <input type="checkbox"/> Other _____	
Where do you live?	
<input type="checkbox"/> Private home <input type="checkbox"/> Independent living <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Other (specify)_____	
*PHYSICAL LIMITATIONS (Please describe any limitations you have.)	
<p>Do you have a service animal? Yes or No (Please be aware that some volunteers may have allergies that prevent them from transporting animals. We will not match you with a volunteer that cannot accommodate your service animal.)</p>	
COMMENTS	

TO BE COMPLETED BY RMFTB:

Date Received: _____

Approved: _____