Cypress Home Care – Let's Get Started

General Information

Who needs care at home?

☐ Myself ☐ Spouse ☐ Parent
☐ Grandparent ☐ Son/Daughter ☐ Other Relative
☐ Friend ☐ Other _____

How old is the person who needs care?

☐ Under 18 ☐ 18-34 ☐ 35-44
☐ 45-54 ☐ 55-64 ☐ 65-74
☐ 75-84 ☐ 85 or older

Male or Female?

☐ Male ☐ Female

What is their current living situation?

☐ Living Alone at Home ☐ Living at Home with Family ☐ In the Hospital Needs a Sitter
☐ In the Hospital Discharging to Home ☐ Assisted Living ☐ Independent Senior Living
☐ Nursing Home

Estimate how much care they would need.

☐ A few hours per week ☐ More than 20 hours per week ☐ 40 or more hours per week
☐ Around-the-Clock Care ☐ Live-in Care

What type of care is needed? (Check all that apply)

☐ Light Meal Preparation ☐ Light Laundry ☐ Light Housekeeping
☐ Companionship ☐ Transportation to Appointments ☐ Grocery Shopping
☐ Errands ☐ Bathing ☐ Toileting
☐ Medication Reminders ☐ Respite Care

How will care be paid for?

☐ Private Funds ☐ Long-Term Care Insurance ☐ Auto Insurance
☐ Medicaid Waiver Program ☐ Other (VA Aid and Attendance, Reverse Mortgage, etc.)

Zip code where care is needed.

_____

Contact Information

Name of person submitting this form.

First: _____ Last: _____

Your email address – We will send you information via email.

Phone number of person submitting this form.

Additional comments or information:

_____

_____

_____

_____

_____

Cypress Home Care, Inc.

808 W. Lake Lansing Rd., Suite 203
East Lansing, MI 48823
Ph: 517.485.6100
Fax: 517.485.6300
info@cypresshomecare.net
www.cypresshomecare.net