



PO Box 30494  
Tucson, AZ 85751-0494  
520-437-9556  
monicaspigelman@sunrisesnap.org  
www.sunrisesnap.org

### Client Application (Policies Sheet attached)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ DOB \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 HOA \_\_\_\_\_ Who made referral: \_\_\_\_\_  
 Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 IF emergency contact is not Medical Power of Attorney (MPOA), then MPOA Name \_\_\_\_\_  
 MPOA phone \_\_\_\_\_ MPOA address \_\_\_\_\_ MPOA email \_\_\_\_\_

#### Assistance Requested -- How SNAP may help....

- Transportation (Medical Appointments)  Errands (for client)
  - Transportation (Grocery Shopping, Meetings, Personal Appts, etc.)  Loan Chest/Medical Equipment
  - Weekly phone call assurance or email \_\_\_\_\_  Minor Household task or assistance
  - Friendly Visits
  - Friendly visits for the purpose of relief for the caregiver*
  - Other (Note specifics below. May include temporary pet assistance [walking, transport] or temporary meals.)
- \_\_\_\_\_

Client has Living Will or Advance Directives? Yes  No       5 Wishes | AD materials provided Yes  No

Client needs Age-in-Place (or Long-Term Planning) Resources: Yes  No       Resources Provided to Client: Yes  No

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions \_\_\_\_\_

Physical limitations, relevant history including medications \_\_\_\_\_

Special Needs (including equipment/walking aids) \_\_\_\_\_

Former occupation \_\_\_\_\_ Veteran? Yes  No

Interests / Hobbies \_\_\_\_\_

Follow up Interview scheduled       Follow-up/Re-Evaluation Date \_\_\_\_\_

Policies reviewed Yes  Polices signed  Copy given to Client  Copy made for Family Contact

Additional Interviewer Notes \_\_\_\_\_

\_\_\_\_\_

Processed in RS:
Initial/Date:
_____

Interviewer Signature \_\_\_\_\_ Form Date \_\_\_\_\_



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## SNAP Policies & Procedures

Name \_\_\_\_\_

All services from Sunrise Neighborhood Assistance Program (SNAP) are free, and may be cancelled at any time. I agree to receive services and release SNAP and its volunteers from any liability. I acknowledge understanding of SNAP policies with my signature:

- SNAP clients must be at least 55 years of age and live within the boundaries of River, Sunrise, Craycroft & Kolb Roads; Clients may be part-time or full-time residents, owners or renters. Short-term clients from out of service area may be accepted under special circumstances.
- Before receiving any services, a potential SNAP client must be interviewed by SNAP Managing Director or designate. Services are provided between 8:30am and 5:00pm, Monday through Friday.
- 48-hour advance notice (based upon regular business hours) is necessary for scheduling volunteer services or assistance. Same day and next day service cannot be guaranteed, but all emergencies will be carefully considered. Please note that SNAP phones may not be staffed on National holidays (Labor Day, Thanksgiving, July 4, etc.) Holidays are not considered part of business hours and are not considered part of the 48-hour advance notice requirement.
- The highest priority is given to medical-related transport; others are determined by availability. Requests for any SNAP service (medical transport or otherwise) are limited to 2 times per week throughout the year, with exceptions for emergencies. There is a 10-mile limit on all transport requests. Extra stops must be requested as part of the original service request.
- If there is a need for transportation to a medical or dental procedure where an anesthetic drug will be administered, and/or when the volunteer is requested to stay on site during that procedure, the Client must indicate at the time of request that volunteer must wait at the medical facility. Client should have Emergency Contact information in place with medical facility.
- From time to time, including at the start of the application process, SNAP may want to check in with the Family member or emergency contact.
- Rarely, there are certain behaviors or actions which, in the SNAP Managing Director's judgment, may create a risk to client or to SNAP volunteers, or limit effectiveness of the SNAP program. Such situations may be grounds for discontinuing services. In these very rare instances a letter would be delivered to the client, along with a copy addressed to the Emergency Contact. Client and/or contact will have opportunity within 15 days of date of that letter to submit written request for reconsideration.
- In the case of limited household tasks or repairs such as changing light bulbs, tasks should not exceed 30-45 minutes. Clients are responsible for payment of all materials needed.

**All service requests, questions or changes to specific appointments must be made through the SNAP phone (520-437-9556), Monday through Friday (exception: National holidays), from 8:30 A.M. to 5 P.M. For emergencies, please dial 911.**

I release SNAP and its volunteers from any liability.

If I or my Emergency Contact have questions, I will contact the SNAP Managing Director Monica Surfaro Spigelman (cell: 914-772-6607)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**SNAP is a volunteer organization providing free service. Our tax-deductible 501 ( c ) ( 3 ) organization values donations!**