



6890 East Sunrise Dr., Suite 120-298  
Tucson, AZ 85750  
520-437-9556  
www.sunrisesnap.org

## Client Application

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

HOA \_\_\_\_\_ Who made referral: \_\_\_\_\_

How did you learn about SNAP \_\_\_\_\_

Preferred Method for Contact: \_\_\_ Landline \_\_\_ Cell Phone \_\_\_ Email Best time to call: \_\_\_\_\_

Veteran? Yes No Spouse/Widow(er) of a Veteran? Yes No Do you have a pet? Yes No Describe \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

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

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.)  Temporary Meals
- Weekly phone call assurance or email \_\_\_\_\_  Minor Household task or assistance
- Friendly Visits  Friendly Visits for the purpose of relief for the caregiver
- Other \_\_\_\_\_
- Lunch Bunch or other Socialization Activity  Tech Training  Other \_\_\_\_\_

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

Medical Conditions Impacting Independence \_\_\_\_\_

Mobility Limitations / Equipment \_\_\_\_\_

Special Needs (i.e., Vision, Hearing, Adaptive Aids) \_\_\_\_\_

Current or Former Occupation \_\_\_\_\_

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

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

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 Name \_\_\_\_\_ Date \_\_\_\_\_



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## SNAP Policies & Procedures

I have reviewed the following SNAP policies and procedures. My signature below acknowledges that I understand the conditions under which SNAP services can be provided, that I will abide by these policies, and that I release SNAP and its volunteers from any liability in providing these services.

- SNAP clients must be at least 55 years of age and live within the boundaries of River Road, Sunrise Drive, Craycroft Road & Kolb/Sabino Canyon Road. Clients may be part-time or full-time residents, owners, or renters. Temporary clients residing outside SNAP's service area may be accepted under special circumstances.
- Services provided by SNAP are free of charge and are dependent upon volunteer availability. Volunteers provide no hands-on care. As a SNAP Client, you may cancel services at any time. SNAP is a charitable nonprofit and depends on donations to carry out its mission.
- All SNAP service requests, changes to requests, or questions about services must be made through the SNAP phone line, 520-437-9556. SNAP cannot provide medical emergency services. In a medical emergency, dial 9-1-1. If a medical emergency occurs during a SNAP assignment, the SNAP Volunteer will dial 9-1-1.
- 48-hour advance notice (based upon regular business hours/days) is necessary for scheduling volunteer services or assistance. Same day and next day service cannot be guaranteed, but all emergencies will be carefully considered. Services are provided between 8:30am and 5:00pm, Monday through Friday, except Holidays. Please note that SNAP phones are not staffed on National holidays (Labor Day, Thanksgiving, July 4, etc.) and Holidays are not considered part of the 48-hour advance notice requirement.
- The highest priority is given to medical-related transport; other transportation requests are dependent upon volunteer 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, except in unusual circumstances.
- 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.
- Clients are responsible for payment of all materials needed to complete a minor household task or repair.
- No pet may be present in that part of the home where a SNAP volunteer or staff person is interacting with a Client.
- From time to time, including at the start of the application process, SNAP may consult with a family member or emergency contact to best support and respond to a client's needs.
- If behaviors or actions occur which, in SNAP's judgment, would create a risk to a client or to SNAP volunteers, or limit the effectiveness of the SNAP program, such behaviors or actions may be grounds for discontinuing services. In these rare instances, a discontinuation letter will be mailed to the client, with a copy sent to the Emergency Contact. The Client and/or Contact will have the opportunity within 15 days of the date of that letter to submit a written request for reconsideration.

Client or Contact Name \_\_\_\_\_

Client or Contact Signature \_\_\_\_\_

Date \_\_\_\_\_