



Request for SNAP Services

Last Name _____ First _____ Middle _____

Address _____ DOB _____ Age _____

Telephone _____ Cell Phone _____ Email _____

HOA _____ 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 address _____ MPOA email _____ MPOA Phone _____

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

- Transportation (Medical Appointments)
- Transportation (Grocery Shopping, Meetings, Personal Appts, etc.)
- Weekly phone call assurance or email _____
- Friendly Visits
- Lunch Bunch or other Socialization Activity
- Other _____
- Errands (for client)
- Temporary Meals
- Minor Household task or assistance
- Information/Resources (See List)
- Tech Training

Notes _____

Medical Conditions Impacting Independence _____

Mobility Limitations / Equipment _____

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

Current or Former Occupation _____

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 Name _____ Date _____

Resources Requested from SNAP

- Transportation Options
 - Age in Place Home Modifications
 - Home Care Assistance Options
 - Estate Planning
 - Living Will/Advanced Directive/Healthcare Directive
 - Power of Attorney/Medical Power of Attorney
 - Durable Medical Equipment – Borrow/Buy/Donate
 - Grocery Delivery
 - Meal/Restaurant Delivery Options
 - USPS Mail Delivery to my Door
 - Technology Training and Support
 - Other
-
-
-



SNAP Policies & Procedures

Client or Contact Name _____

Date _____

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, its staff and 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.
- All SNAP service requests, changes to requests, or questions about services (including transportation) must be made through the SNAP Line, 520-437-9556, Monday through Friday only. Direct contact with a SNAP Volunteer to request or change services is NOT permitted.
- Volunteers provide no hands-on care and 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.
- A minimum of 48 hours' 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 urgent situations will be carefully considered. Services are provided between 8:30am and 5:00pm, Monday through Friday, except Holidays. Please note that the SNAP phone is not staffed on weekends or National holidays and holidays are not considered part of the 48-hour advance notice requirement.
- Requests for service (transportation or other) are limited to 2 times per week throughout the year. Rides to SNAP-sponsored events do not count as one of these 2 rides.
- Clients are responsible for payment of all supplies or materials provided by a SNAP Volunteer in completing a service request.
- 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.
- Requests for transportation must follow these additional rules:
 - High priority is given to essential medical appointments; other transportation requests are dependent upon volunteer availability.
 - Transportation requests are limited to a 10-mile one-way distance from the Client's home.
 - Extra stops during a transport must be requested as part of the original service request, except in highly unusual situations.
 - If the Volunteer must wait at a location for a return transport, this must be indicated at the time of the request.
 - SNAP Volunteers are not to be considered Emergency Contacts. You must provide Emergency Contact information to the medical provider if the transport is to a facility for a medical or dental procedure involving anesthesia. SNAP Volunteers cannot be responsible for monitoring a client's condition after any procedure.
- 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.
- SNAP services are provided free of charge, but SNAP is a charitable nonprofit organization and depends on donations to carry out its mission. We are grateful for your contributions!

Client or Contact Signature _____

Date _____