



MID CITIES CARE CORPS
745 WEST PIPELINE ROAD
HURST, TEXAS 76053

Elizabeth Grace, Executive Director
(817) 282-0531 (817) 282-7980 FAX

Client Intake Record

PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Apt. Complex Name or Mobile Home Park Name: _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____ **Are you a Veteran:** _____

Birth Date: _____ **Live With:** Alone Spouse Other: _____ **Property:** Own Rent

Gender: Female Male **Languages:** _____

Race/Ethnicity (circle one): African American Asian Pacific Islander Hispanic Native American White

Annual Income (circle one): less than \$20,000 \$20,000-\$30,000 \$30,000-\$40,000
All Sources \$40,000-\$50,000 greater than \$50,000

HEALTH INFORMATION
****We do NOT transport wheelchairs****

Client Uses:	Wheelchair	Cane	Walker	Pets:	Dog	Cat
Can Transfer from W/C to Seat?	Yes	No		Can Get Into:	Van	Pickup
General Health:	Excellent	Good	Fair	Poor	Use Oxygen?	Yes No
Take Oxygen with you?	Yes	No			Difficulty with Sight?	Yes No
Difficulty Hearing?	Yes	No			Other Information:	

EMERGENCY CONTACT INFORMATION (Must be Completed)

1st Contact
Full Name: _____
Last First M.I. Relationship

_____ *Phone # Street Address City, State, Zipcode*

2nd Contact
Full Name: _____
Last First M.I. Relationship

_____ *Phone # Street Address City, State, Zipcode*

PLEASE FILL OUT THE BACK OF THIS FORM AND SIGN

MCCC PROGRAMS AND SERVICES

****Circle all that Apply****

Transportation: Routine Medical Appointments Grocery Shopping Errands (Bank, etc.)

Helping Hands: Minor Carpentry Minor Electrical Minor Plumbing Painting (Exterior)
 Wheelchair Ramp Safety Grab Bars Railings Home Safety Checks
 Yard Clean-up Trim Trees Trim Hedges Adopt-a-Lawn
 Do You Own: Mower Trimmer Blower Edger

Describe Requested Work, give details: _____

Social Outreach: Phone Friends Visiting Friends Senior Socials Christmas Food & Gift Basket

OTHER INFORMATION

Religious Affiliation: _____ Church Affiliation: _____
 Referred By: _____
 Additional Comments: _____
 Do you use Meals on Wheels? _____

Please be advised that a home visit may be part of the intake process.
CONSENT (THIS MUST BE SIGNED)

I give my consent to Mid-Cities Care Corps (MCCC) to enroll me as a client in their program. I further agree that MCCC may share information with other agencies, services, or volunteers on an as-needed basis. I also consent to and authorize the use and reproduction by Mid-Cities Care Corps of any and all photographs and any other audio/visual materials taken as well as any and all printed references of me, my name, and/or any positive comments or anecdotes related to clients for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program. All client information and related materials are considered confidential and will not be divulged to any unauthorized persons. MCCC is not required to provide services to an applicant or can discontinue services at any time and for any reason.

Client Signature: _____ Date: _____

Office Use Only

Database Updated on _____

Database Updated by _____

Welcome Letter Sent on _____

DB Entry Reviewed by _____



Mid-Cities Care Corps

745 WEST PIPELINE ROAD
HURST, TEXAS 76053
Serving Senior Adults in Northeast Tarrant County Since 1981

(817) 282-0531
(817) 282-7980 FAX

RELEASE IN FULL

That for and in consideration of the promise of MID-CITIES CARE CORPS, hereinafter referred to as MCCC, to:

Client Name: _____

Property Owner Name: _____

of that certain property owned by the above named and located at:

do hereby release, discharge and forever forgive MCCC and its volunteers from any and all claims of any kind or character, and from any cause of action, claims, demands, costs, and damages, attorney's fees, expenses, and/or compensation on account of, or in any way connected with the proposed services provided by MCCC and its volunteers as described below.

- 1) Transportation Services including but not limited to any and all transportation to routine medical appointments, quality of life drives and transportation to Senior Social events.
- 2) Helping Hands Services including but not limited to any and all home repairs, modifications and stability equipment installations, lawn care services and any work performed by community service groups on behalf of MCCC. Note: MCCC services are provided based on the availability of qualified volunteers.
- 3) Social Outreach Services including but not limited to any MCCC staff member or volunteer in home visitations (Visiting Friends), Holiday Outreach basket delivery, and services and meals provided at Senior Social events.

I declare that in making this **RELEASE**, I understand and agree I will rely wholly upon my judgment, beliefs and knowledge, and this **RELEASE** is made without reliance on any statement or representations of MCCC, or its representatives, or its volunteers, or by an attorney or other person by it employed, except for the consideration stated above.

I FURTHER UNDERSTAND AND AGREE THAT THE AFORESAID CONSIDERATION IS THE SOLE CONSIDERATION FOR THIS RELEASE AND I AGREE THAT I WILL NOT ASSERT OR PROSECUTE ANY CLAIMS OR LAWSUITS AGAINST MCCC OR ANYONE WHOMSOEVER, WHETHER OR NOT HERIN MENTIONED, ASSOCIATED WITH THE CONDUCT AND PERFORMANCE OF THE VOLUNTEER WORK PERFORMED AT MY REQUEST AT THE ADDRESS SET FORTH ABOVE.

Client Signature

Date

Client Printed Name

Property Owner Signature

Date

Property Owner Printed Name

MCCC Representative