

Community Cares | Pre-Assessment Form

Use this also as your Monthly Activities Checklist/Report

AmeriCorps members name: _____

Your site location: _____

Clients name: _____

Assessment needs for the above client

Transportation _____

Grocery Shopping _____

Adult respite or day services _____

Light Housekeeping _____

Pick up medications _____

Meals/Commodities/Second Harvest/ A&O or other _____

Social/Cognitive Activities _____

Home repairs _____

Health Services _____

Gait Devices/Diabetic supplies or other _____

Senior Day Out _____

Bingo/Pot Lucks _____

Clothing/Hygeine _____

Other Needs:

Follow up notes:

**Complete this form on each person served at your site

If you are at a HIPPA site use initials or give clients numbers

Forms must be sent to TCAC monthly

Community Cares Post-Assessment Form

Questions for clients when you stop services or end your year in AC

From the pre assessment what was most helpful to you this year?

Would you recommend the program to others?

Suggestions on how we can make it better?

Would you like for us to continue to serve you next year?

Comments:

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