



Baring Gifts, Inc.

P.O.Box 357, Marshfield MA 02050

781 834-0744

Intake Application

Neighbor # _____

I. Personal Information

Name of person filling out this form: _____

Address: _____

Phone: _____ E-mail: _____

Relationship to applicant in need: _____

Name of applicant in need: _____

Address: _____

Phone: _____ E-mail: _____ Contact person at home: _____

List additional family members in household and their relationship to the applicant in need.

How long has the applicant lived in Marshfield ? _____

How did applicant hear about Baring Gifts? _____

II. Health Information

1. What type of illness/crisis is applicant experiencing? _____

2. When did the illness first occur? _____

3. What type of medical treatments is applicant receiving? _____

4. Does applicant have any physical limitations? _____

5. Any additional information we need to know . Explain _____

III. Support Services

What type of help is applicant currently receiving?

- Visiting Nursing _____ Community Group _____
 - Church Group _____ Neighbors _____
 - Family _____ Other _____
-

IV. Baring Gifts Services

How can Baring Gifts help applicant? Please tell us the top 5 services needed. Number them in order of importance. 1, being most important, etc.

- Meals Food Shopping House Cleaning Lawn Care
 - Pet Care Child Care Transportation Therapeutic
 - Other(explain) _____
-
-
-
-
-
-
-
-
-
-

Signature _____

Date: _____

Print _____