

Central Iowa RSVP Transportation Client Assessment



Client Information

Full Name: _____

Phone Number: _____

Date Registered: _____

(The following data is requested by our funders and will not be disclosed by name.)

Check the racial categories that apply to you: White Asian Native Hawaiian/Pacific Islander

African American American Indian/Alaska Native Other **Are you Hispanic or Latino?** Yes No

Number in Household: _____ **For one person, is your annual income more than \$15,650?** Yes No

Are you a veteran? Yes No **For two people, is your annual income more than \$21,150?** Yes No

Physical and Mental Abilities

Client Mobility (check all that apply)

Able to go up and down steps unassisted? Yes No **Able to step into car unassisted?** Yes No

Able to step into a pick-up truck or SUV unassisted, or with very little assistance? Yes No

Walks unassisted Uses a cane Uses a walker (front wheel or four wheel) Uses an oxygen tank

Do you have any other health/physical conditions to be considered in providing transportation? Yes No

If yes, please explain: _____

Will you need assistance within the medical facility? Yes No

If yes, please explain: _____

Mental & Sensory (check all that apply)

Alert and able to follow directions

Has difficulty hearing: _____ Has vision problems: _____

Would you like assistance with, or information about, services for any of the following: personal care, money management, meal preparation, medication management, housekeeping, grocery shopping, health and wellness classes? Yes No

If yes, please explain: _____

Trips & Service Needed

Will anyone accompany you on your trips? Yes No If yes, who? _____

Level of Assistance Needed: Driver Only (to the curb)

Driver/Escort (to the door only or assistance within the facility)

Consents & Signature

I have given RSVP staff/volunteer approval for this assessment. I understand that this evaluation will be used to determine my eligibility for RSVP transportation services and/or the level of service I will need. I understand that any information provided to the RSVP staff/volunteer will be kept confidential and will NOT be shared or used by RSVP except for the purpose of providing transportation services.

Client Signature

Date

Staff/Volunteer Signature

Interviewer observations and notes (i.e. environment obstacles, special instructions):