



Pullman Community Council on Aging
Senior Chore Service
Client Referral: Senior Participation/Chore Request

Client Name _____ Date: _____
Address _____ Birthdate Mo: ___ Day: ___ Yr of Birth: _____
Phone (hm) _____ (cell) _____ Sex: Male Female

Person making request: _____ Phone: _____
Agency: _____ Email: _____
Overall Description of need/health concerns/background _____

Follow-up Communication Requested: upon reviewing request when request fulfilled
Method preferred: phone call email comments: _____

The following services are available through Senior Chore Service, depending on volunteer availability. Please check those most needed at this time. Additional requests may be made in the future.

- Outdoor: Yard cleanup Periodic Yard Maintenance Snow Shoveling
 Light home maintenance and repair (outdoor) _____
Indoor: Indoor cleaning Re-arranging furniture Flipping Mattresses Packing
 Light home maintenance and repair (indoor) Computer assistance
 Meal Preparation Companionship _____
Other: Moving items to another location Running errands
 other: _____

Senior Chore Service Response:
Date request reviewed: _____ Date needed: _____ ASAP _____
Assistance is: one-time or (CHECK ONE) on-going _____
Action Taken: _____
Comments: _____
Communication back to Referring Professional: phone/email, _____ date
 phone/email, _____ date phone/email, _____ date