

Serving **Ill & Disabled** Evanston Area Neighbors – who are affected by long-term health challenges:

- Free of charge
- Any economic status
- Any age

**Ambulatory and Living at Home in:**

1. Residential dwelling.
2. Group home.
3. Hospice home.
4. Nursing home.



**FAITH  
IN ACTION**

**Rev. Patricia Conley  
Faith in Action Evanston  
c/o 2120 Lincoln  
Evanston, IL 60201**

**(847) 902-0320**

**info@fiaevanston.org**

**Services Provided by Faith in Action Evanston Volunteers:**

- Friendly Visitors
- Telephone Reassurance
- Rides to Appointments
- Minor Repairs & Housekeeping
- Reading / Writing
- Spiritual Support
- Pet & Plant Care
- Respite Care (limited)
- Yard Care (occasional)

**FAX: 847-869-4701**

**REQUEST  
FOR  
SERVICES**

**Faith in Action Evanston will NOT provide the following:**

1. Financial services.
2. Power of Attorney or any legal services.
3. Medical (nursing care). FIA volunteers do not administer medicine.
4. Personal care (i.e. assistance with bathing, feeding, toileting, transferring/lifting, or walking)
5. Volunteers should not have any contact with any body fluids.
6. Live-in care.
7. Overnight care.
8. Babysitting.

**Please note that fields marked with an \* are required.**

**I. About Person Needing Assistance**

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

\* Address 1: \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip Code: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_

E-mail: (optional)  
\_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

\* Sex: \_\_\_\_\_

Religious Affiliation: (optional)  
\_\_\_\_\_

Race: (optional) \_\_\_\_\_

**II. Referral Information**

Referral Date: \_\_\_\_\_

Referred By (person):  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**III. About Person Need in Assistance**

Please write a brief history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Functional Status (choose one)

[ ] Able to get out independently

[ ] Able to get out with help

[ ] Homebound

(Continued for: Name of Applicant: \_\_\_\_\_)

Briefly describe the risk of the situation:

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Specific Equipment Used (i.e. cane, walker, wheelchair, etc.):

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Status of Person in Need of Assistance (check one):

- Lives alone (rent/own aptmt/house)
- Lives with spouse/family
- Lives with others

**IV. Needs**

Specific assistance requested:

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