



# Request for Pay It Forward (PIF) Assistance

We are here to provide information and support for each other's needs through the use of the PIF volunteers. Let us know how we can help you or someone you know within the community so that the team of volunteers can respond appropriately. Please complete the online form or this paper form to request assistance.

**Please note that all PIF volunteers are required to be two weeks post Covid vaccination in order to assist in any/all requests.**

Name*		Address*		Date*	Date Services needed*
Contact phone*		Can we leave a voice message?*		Reason for Request	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there others in Home to Assist with this need? <input type="checkbox"/> No <input type="checkbox"/> Yes		Caregiver and Caregiver Contact			Services for <input type="checkbox"/> Resident <input type="checkbox"/> Caregiver
I am Covid vaccinated?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact / Phone			Email Address for Notices	
Scheduled services to be received outside PIF <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Visiting Nurse <input type="checkbox"/> Assisted Care <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> Other:				Names of others who will help? <input type="checkbox"/> Family <input type="checkbox"/> Neighbors <input type="checkbox"/> Friends	

\*Required

## HELP WITH MEALS

Pickup  Delivered

Allergies		Food preferences, Dislikes etc		# People
<input type="checkbox"/> Every other Day <input type="checkbox"/> Daily <input type="checkbox"/> Other	How many Days needed	<input type="checkbox"/> Other: Please specify		

## HELP IN MY HOME

Small repairs/tasks  Move furniture, rugs  Grocery shopping  Change furnace filters  Snow shoveling  
 Taking out Garbage cans  Making Beds  Laundry

Other: Please specify

Is resident aware of Services Directory under resources on Creeksideatbethpage.org?



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## HELP WITH PETS

- Walking    Feeding    Overnight Care    Other: Please specify

Instructions

## HELP WITH TRANSPORTATION

- Airport drop off/pickup    Shopping    Pharmacy    Physical Therapy appointments    Doctor visits    Church

<b>Frequency</b> <input type="checkbox"/> Daily <input type="checkbox"/> Every other Day <input type="checkbox"/> Weekly	<input type="checkbox"/> Other: Please specify
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## **Help from Medical Loan Closet Equipment**

Please specify Equipment Needed and for how long

## VISITATION, i.e.:

- Being read to    Home visits    Hospital visits    Having someone stay with me while caregiver out

Other: Please specify

- Please help me figure out what I need.**

Comments:

## **PIF Triage Leader**

Name	Phone	Email
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**COMMENTS**       *Privacy & confidentiality discussed*

<b>Services Ended</b>	Date	Resident	Intake Volunteer
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