BETTER TOGETHER NEIGHBOR APPLICATION

First Name	Last Name	Birthdate	☐ Male ☐ Female
Address	City	State	Zip

Home Phone	Cell Phone	Email	Prefer calls in: ☐ AM ☐ PM

Specific Directions to Home

Do you live alone? Yes ☐ No ☐	Who do you live with (name)?	Relation

Do you smoke? Yes ☐ No ☐	Any smokers in your home? Yes ☐ No ☐	Do you have a pet? Yes ☐ No ☐	Name and Type of Pet

Occupation/Previous Occupation	Primary Language	# of Years living in Sioux Falls

Have you ever been convicted of a drug charge?	Yes ☐ No ☐ Charge: ___________________________Year: ______________
Have you ever been convicted of a criminal offense?	Yes ☐ No ☐ Charge: ___________________________Year: ______________
Have you ever been convicted of abuse, neglect, or assault?	Yes ☐ No ☐ Charge: ___________________________Year: ______________

How is your…

Hearing	☐ Excellent ☐ Good ☐ Poor ☐ Deaf	☐ Need/Use Hearing Aids
Vision	☐ Excellent ☐ Good ☐ Poor ☐ Blind	☐ Need/Wear Glasses
Mobility	☐ Excellent ☐ Good ☐ Poor	☐ Walks Alone ☐ Walk with Assistance/Walker ☐ Wheelchair
Memory	☐ Excellent ☐ Good ☐ Poor	☐ Short-term Memory Difficulty ☐ Dementia/Alzheimer's

Any medical concerns to note:

Preference for Match

☐ Female ☐ Male ☐ Couple ☐ Family with Older Children ☐ Family with Small Children ☐ Small Group ☐ No Preference

How did you hear about the program? Check as many as apply.

☐ LSS	☐ Radio	☐ Attended Event	☐ Letter	☐ Church
☐ Apartment Manager	☐ Television	☐ Doctor	☐ Newspaper	☐ Web/Social Media
☐ Person: ________________________		☐ Other: ________________________________		

Emergency Contact Name	**Emergency Contact Number**	**Relation**

I am available the following days/times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I would like to meet ☐ Once per week ☐ Every other week ☐ Once or twice per month ☐ No Preference

I am interested in participating in monthly events organized by LSS? ☐ Yes ☐ No ☐ On occasion ☐ Not sure

Please list any other information about yourself you feel would be helpful in matching you. This can include any special hobbies, talents, or interests.

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Please describe a few things you would like to do when participating in this program.

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Why are you interested in participating in this program?

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Any issues of concern to note (family history, physical/mental health issues, health conditions)?

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What other community programs are you involved in or what community services do you receive (Meals on Wheels, Service Club, Church, Social Worker, Senior Companion, etc)?

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Please Return Complete Form To:

LSS Mentoring Services – Better Together Program

705 E 41st Street, Suite 220, Sioux Falls, SD 57105

Phone: 605-221-2403
Fax: 605-221-2404

Email: Mentoring@LssSD.org

www.LssSD.org