



**SERVICES NEEDED**

- Visiting
- Errands/Outings
- Reading/Writing
- Play Cards/Games
- Other (explain) \_\_\_\_\_

**HOURS**

- Two hours per week
- Three hours per week
- Four hours per week
- Is a female companion OK?  YES  NO
- Is a male companion OK?  YES  NO
- Every Week
- or
- Every Other Week

*What should be the Kinship Volunteer's goal while serving this client?* \_\_\_\_\_

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*Any Additional Comments?* \_\_\_\_\_

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Complete and mail to:  
**Janene Ducharme**  
**Senior Kinship Program**  
**1201 89<sup>th</sup> Avenue Suite #345**  
**Blaine MN 55434**  
**763-783-4745**

**OR**

Email to:  
**jducharme@accap.org**

FAX to:  
**Senior Kinship Program**  
**763-783-4700**

*\*Referrals will not be taken over the phone\**

*For ACCAP Office Use Only:*

- Client Declined Kinship Service
- Client Contacted, No Response
- Client Accepted

If client accepted, please complete the following:  ACCAP Intake  Kinship Paperwork  Enter in Database

Notes: \_\_\_\_\_