



## Request for Volunteer Correspondent

Name \_\_\_\_\_ District \_\_\_\_\_

DOB \_\_\_\_\_ EIS # \_\_\_\_\_

Guardianship (name, contact info) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Consumer.** Home Phone \_\_\_\_\_ Had a Correspondent before?  Yes  No

Family Members Involved \_\_\_\_\_

Amount of involvement \_\_\_\_\_

Please list name and phone number of person(s) interested in becoming correspondent \_\_\_\_\_

Is this referral the result of a planning meeting?  Yes  No If so, date of meeting \_\_\_\_\_

**Please attach a copy of the planning meeting report.**

If this referral did not result from a planning meeting, please explain why there is a need for a Correspondent \_\_\_\_\_

**Case Manager.** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Consumer Profile.** The person who needs a Correspondent should complete this section of this form. If you need help, please ask your case manager, a staff person or a friend to assist you. This form will be used to match you with a Volunteer Correspondent who most closely fits what you want. The Volunteer Coordinator may meet with you to go over additional information that will help with the matching process.

What are some of the things you might like to do with a correspondent? \_\_\_\_\_

Are there some special skills that you would like your correspondent to have?

<input type="checkbox"/> Use TTY or relay	<input type="checkbox"/> Know or learn sign language
<input type="checkbox"/> Be able to learn special signs and words	<input type="checkbox"/> Be able to learn Facilitated Communication
<input type="checkbox"/> Be able to help me use the restroom	<input type="checkbox"/> Be able to help me eat if we go out

Other; please explain \_\_\_\_\_

Do you have any special needs or any comments? \_\_\_\_\_

Please sign your name below so that we will know that you want a Volunteer Correspondent. If someone helped you with this form, please ask that person to sign also.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Assistant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Assistant's Relationship to Consumer \_\_\_\_\_