

# CAIP

## Calgary Aging in Place Cooperative



### NEEDS ASSESSMENT


*Please take a few moments to complete this assessment it will help us in meeting your needs as a valued member. Our services will be carried out as per our job descriptions available for your review.*

<b>Member's Name:</b>	
<b>Member's Address:</b>	
<b>Membership Number:</b>	
<b>INTERIOR HOME CARE</b>	
<b>Rooms to Clean Levels of Home</b> _____	Bathroom(s) <input type="checkbox"/> How Many: _____ Bedroom(s) <input type="checkbox"/> How Many: _____ Kitchen <input type="checkbox"/> Formal Dining Room <input type="checkbox"/> Living Room <input type="checkbox"/> Family Room <input type="checkbox"/> Hall <input type="checkbox"/> Stairs <input type="checkbox"/> Own Vacuum: _____
<b>Dusting Needs</b>	Ornaments <input type="checkbox"/> Explain: _____ <i>List other things that need dusting (such as dressers; china cabinet; etc. and how often)</i> _____ _____ _____ _____ _____ _____ _____
<b>Type of Cleaning</b>	Deep Cleaning <input type="checkbox"/> Touch Up <input type="checkbox"/>
<b>Frequency of Cleaning</b>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
<b>Time Requirements</b>	2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 5 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 7 to 8 hours <input type="checkbox"/>
<b>Appliance Cleaning</b>	Fridge <input type="checkbox"/> How Often: _____ Oven <input type="checkbox"/> How Often: _____ Stove Top <input type="checkbox"/> How Often: _____ Microwave <input type="checkbox"/> How Often: _____ Others: _____ How Often: _____

Suite 604 – 7015 Macleod Trail SW, Calgary, Alberta T2H 3K6

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<b>Laundry</b>	Bedding <input type="checkbox"/> How Often: _____ Towels <input type="checkbox"/> How Often: _____ Clothing <input type="checkbox"/> How Often: _____ Ironing <input type="checkbox"/> How Often: _____
<b>Spring/Fall Cleaning</b>	This would be estimated prior to work being done based on each individual's needs. Would like an Estimate: <input type="checkbox"/>
<b><i>EXTERIOR HOME MAINTENANCE</i></b>	
<b>Snow Removal</b>	Front: Porch <input type="checkbox"/> Walkway <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Back: Deck/Porch <input type="checkbox"/> Walkway <input type="checkbox"/> Driveway <input type="checkbox"/> Path <input type="checkbox"/>
<b>Lawn Care</b>	Front: <input type="checkbox"/> Approximate Size: _____ Back: <input type="checkbox"/> Approximate Size: _____
<b>Spring/Fall Cleaning</b>	This would be estimated prior to working being done based on each individual's needs. The cleaning would include windows; hedge and tree trimming; gutters; yard cleanup; bagging debris; etc. Would like an Estimate: <input type="checkbox"/>
<b><i>OTHER HOME SERVICES</i></b>	
<b>Painting</b>	Interior: <input type="checkbox"/> Exterior: <input type="checkbox"/> Estimates will be provided for both for approval prior to work being done.
<b>Plumbing</b>	Basic services will be done per call with a one-hour minimum service call. For larger projects estimates will be provided for approval prior to working being done.
<b>Electrical</b>	Basic services will be done per call with a one-hour minimum service call. For larger projects estimates will be provided for approval prior to working being done.
<b>Handy Person Services</b>	This could include drywall repair; small carpentry jobs; assembling boxed furniture; picture hanging; moving furniture; etc. Basic services will be done per call with a one-hour minimum service call. For larger projects estimates will be provided for approval prior to working being done.
<b><i>PERSONAL SERVICES</i></b>	
<b>Grocery Shopping/Delivery</b>	Weekly: <input type="checkbox"/> By-Weekly: <input type="checkbox"/> Monthly: <input type="checkbox"/>
<b>Other Services:</b>	Transportation for Appointments: <input type="checkbox"/> Take on Shopping Trips: <input type="checkbox"/>
<b>Small Trips</b>	Home Visits: <input type="checkbox"/> Visits with Pets: <input type="checkbox"/> Visits with Children: <input type="checkbox"/> Visits to: Parks <input type="checkbox"/> Museums <input type="checkbox"/> Theatre <input type="checkbox"/> Festivals <input type="checkbox"/> Small trips to events based on various requests and our resources.
<b>Other Services</b>	Please Specify: _____ _____ _____
<b>Volunteer</b>	Are you willing and able to be a volunteer with our organization <input type="checkbox"/> Please discuss your options with a member of our board.

<b>Approved By:</b>	
<b>Date Approved:</b>	February 26, 2016
<b>Last Reviewed:</b>	February 28, 2016

*(Needs Assessments are reviewed annually and updated as often as necessary.)*

Suite 604 – 7015 Macleod Trail SW, Calgary, Alberta T2H 3K6

Sunday, April 3, 2016

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