



WCMCA Home Care & Repair Overview

Our Values



Respect

We trust, honor, and care for all.



Inclusion

We accept all, while striving to eliminate injustice.



Passion

We strive for empathy and compassion.



Integrity

We expect honesty and accountability.



Teamwork

We are stronger when we work together.

Our Mission

Empowering people while providing services and resources that impact individuals and communities

Our Vision

Partnering to build resiliency in Greater Minnesota

Thank you for choosing WCMCA's Home Care & Repair program to assist you with your house cleaning and/or chores. Our goal is to help older adults remain independent and living in their homes, as long as it is safe to do so, by offering services our clients may need assistance in completing.

Fees for the services are determined by your net income and household occupancy. We believe our rates are very competitive and know you will be served by caring and competent staff/volunteers.

West Central MN Communities Action, INC. (WCMCA) is committed to providing the best service possible for all our clients. The information requested in this application is used to inform funding sources of our activities and is often required for their records. We measure our progress and work to improve our outcomes each year, with a goal of meeting or exceeding the needs of all our clients.

Once we have your completed application, we will call to schedule an In Home Assessment. In this meeting we will go over program details, your household needs, scheduling, and collect signatures to complete your on-boarding to the program. If you have a caregiver or case worker, we invite them to participate in this meeting as well.

We at WCMCA's Home Care & Repair program are excited to work with you!

If you have any questions, please contact us directly.

WCMCA Home Care & Repair
411 Industrial Park Blvd
Elbow Lake MN 56531
awd@wcmca.org
218-405-3073

— IN PARTNERSHIP WITH —



"This project is made possible in part, under the Federal Older American's Act through a contract with the NWRDC under an Area Plan approved by the Minnesota Board on Aging."



WCMCA Home Care and Repair

Client Application

Client Name: _____ Birthdate: _____

Additional Household Members: _____

Street Address: _____ County: _____

City/State/Zip: _____ Mailing Address (if different): _____

Primary Phone: _____ Email: _____

Communication Preference: Phone Call Text Message Email

Emergency Contact Name: _____ Phone: _____

How did you hear about HCR? _____

Household Size: _____ Annual Gross Income: _____

1 2 Other: _____

Yes No Do you receive Medical Assistance (MA)?

Yes No Do you have Prime West Insurance?

If "Yes" to either above, please include a copy of the front and back of your cards

Patient Master Index (PMI): _____

Yes No Do you identify as an immigrant / foreign-born US citizen?

Yes No Are you a veteran?

Yes No Do you identify as LGBTQ?

Yes No Do you own your home?

Yes No Can WCMCA contact your Caregiver and/or Case Worker?

Caregiver/Case Worker Name: _____ Phone: _____

Yes No Do you receive additional services through WCMCA?

Additional Services: _____

(i.e. Energy Assistance, Ready Ride, etc.)

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Below are examples of the different types of work we provide. Below each example, place a mark to indicate you would like that service type. Specific scope of work will be determined with an "In Home Assessment".

Homemaking Services

- Kitchen Cleaning - Including dishes
- Cleaning floors - Sweeping, mopping, vacuuming
- Dusting
- Make Bed
- Laundry
- Empty trash cans
- Grocery shopping

I would like to receive Homemaking Services

Deep Clean

Deep clean/Organize

- Window Cleaning - Inside or Out
- Cleaning Appliances - Stove, Oven, Refrigerator
- Organizing - Counters, Storage, Garage
- Packing Items - To put into storage or moving
- Moving furniture

Exterior Chores

- Mowing
- Yard pickup
- Snow removal - Snow blow/Shovel

I would like to receive Chore Services

If there are any services you require that are not listed above, please list them below and we can discuss during the "In Home Assessment".

Client Signature: _____ Date: _____

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Supportive Services Program Registration

Please complete this form to the best of your ability. Heavily outlined items are for office use only.

Contact Date	AAA Region -DSAAA
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Section A. Basic Demographics

Last Name	First Name	Middle Initial	
	Gender:	Date of Birth:	
Address:		Address #2:	
City:	State: MN	Zip Code:	County:
Home Phone:	Mobile Phone:	Work Phone:	

Section B. Social History

Race (Check all that apply): <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian or Asian American <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White	Ethnicity (Check one): <input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic
Household Size (Check one): <input type="radio"/> I live alone. <input type="radio"/> I live with others.	

Section C. Financial

I live alone _____ and my <u>monthly</u> income is between (Check one) <input type="radio"/> \$1,215/month or less <input type="radio"/> \$1,216-\$1,823/month <input type="radio"/> \$1,824-\$2,430/month <input type="radio"/> More than \$2,430/month
I live with my spouse _____ and our <u>monthly</u> income is between (Check one) <input type="radio"/> \$1,643/month or less <input type="radio"/> \$1,644-\$2,465/month <input type="radio"/> \$2,466-\$3,287/month <input type="radio"/> More than \$3,287/month

Section D. Contacts

Emergency Phone:	Emergency Contact Name:	Emergency Contact Relationship:
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Section E. Activities of Daily Living

Can you walk around inside without any help? <input type="radio"/> YES <input type="radio"/> NO	Can you bathe or shower without any help? <input type="radio"/> YES <input type="radio"/> NO
Can you sit up or move around in bed without any help? <input type="radio"/> YES <input type="radio"/> NO	Can you use the toilet without any help? <input type="radio"/> YES <input type="radio"/> NO
Can you comb your hair, shave, wash your face, or brush your teeth without any help? <input type="radio"/> YES <input type="radio"/> NO	Can you dress without any help? <input type="radio"/> YES <input type="radio"/> NO
Can you get in and out of bed or chair without any help? <input type="radio"/> YES <input type="radio"/> NO	Can you manage eating without any help? <input type="radio"/> YES <input type="radio"/> NO

Section F. Independent Activities of Daily Living

Can you answer the telephone or make phone calls without any help?

YES NO

Can you do heavy house cleaning, like yard work and laundry, without any help?

YES NO

Can you shop for food and other things you need without any help?

YES NO

Can you take your medications without any help?

YES NO

Can you prepare meals for yourself without any help?

YES NO

Can you handle your own money, like keeping track of bills without help?

YES NO

Can you do light housekeeping, like dusting or sweeping, without any help?

YES NO

Can you use public transportation or drive beyond walking distances without any help?

YES NO

Section G. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA, or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.

My signature (written or typed) indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____