



Caring Team Questionnaire

Initial Contact Person:

Name: _____ Phone Number: _____

Email Address: _____

Person/Family in Need:

Name: _____ Phone Number: _____

Email Address: _____

Home Address: _____

Preliminary Details:

Why in need? _____

Day(s) in need: Mon Tues Wed Thurs Fri Sat Sun

Start Date: _____ End Date: _____

Visiting/Fellowship House Work Outside Inside

Child Care (see other side) Meals (see other side)

Connection at Church (i.e. Home Group Leader, Sunday School Class, Mentor...):

Name: _____

Contact Info: _____

Visiting / Fellowship

At Home At other location: _____

Best time of day for company: _____

More Details: _____

Housework

Cleaning Yard Work Plumbing Electrical Other _____

Best time of day for help: _____

More Details: _____

Child Care

At Home At other location: _____

Child Name(s)/Age(s): _____

Allergies: _____

Emergency Contact: _____

More Details: _____

Meals

At Home At other location: _____

Allergies: _____

Preferences: _____

Best time of day for meal delivery: _____

How Many Adults/Children per meal: _____

More Details: _____

Please email completed form to **Grace Porter** at grace.d.porter@gmail.com