

# Catholic Social Services of RI



## Request for Visitor from the Neighborhood Friendly Visitor Program

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Homebound: Yes \_\_\_ No \_\_\_ Live Alone: Yes \_\_\_ No \_\_\_

Veteran (If yes, complete supplemental application on next page): Yes \_\_\_ No \_\_\_

Church Affiliation: \_\_\_\_\_

Pets: Yes \_\_\_ No \_\_\_ Smoker: Yes \_\_\_ No \_\_\_

### MEDICAL CONDITIONS

- \_\_\_\_\_

### SPECIAL NEEDS/REQUESTS

- \_\_\_\_\_

### ACTIVITIES/HOBBIES

- \_\_\_\_\_

### CONTACT PERSON

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Relationship to Client: \_\_\_\_\_

### REFERRED BY

- Name: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Agency: \_\_\_\_\_

**Please call if you have any questions about the application process.**

**Please return completed application to:**

**Linda A'Vant-Deishinni, Outreach Coordinator, 421-7833, x228**

[Lavant-deishinni@dioceseofprovidence.org](mailto:Lavant-deishinni@dioceseofprovidence.org)

**Diocese of Providence**

**Catholic Social Services of RI**

**One Cathedral Square**

**Providence, RI 02903**