

**REQUEST FOR SERVICES**

**I am interested in Citizens Who Care's services  
for a friend or family member.**

Your Own Name \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ email \_\_\_\_\_

Best time & number to call you \_\_\_\_\_

How did you find out about Citizens Who Care? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Prospective Elderly Client \_ \_\_\_\_\_

Prospective Client Address \_\_\_\_\_

Prospective Client Home phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please describe prospective client's situation and needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the programs services you are interested in:

In-Home Respite

Convalescent Hospital Visiting

Time Off for Caregivers

Information & Referrals

**CITIZENS WHO CARE**

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