



Please PRINT Clearly & Use a Pen

City/County: \_\_\_\_\_

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

**RSVP Client Registration and Service Plan**  
**Nevada Rural Counties RSVP Program, Inc.**  
2621 Northgate Lane, Suite 6, Carson City, NV 89706  
Mailing Address: P.O. Box 1708, Carson City, NV 89702  
Phone: (775) 687-4680 Fax: (775) 687-4494

Legal Name (First/Last): \_\_\_\_\_ Sex: Male: \_\_\_ Female: \_\_\_  
Nickname: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  No current address/residence  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NV Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
**Are you a Veteran?** Yes \_\_\_ No \_\_\_  
**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Are you a Caregiver?** Yes \_\_\_ No \_\_\_  
Marital Status: Married \_\_\_ Single \_\_\_ Who are you caring for?  Spouse  Parent  
Do You Have a Disability?  Yes  No Child 0—18  Adult Child 18+   
Do You Consider Yourself Frail?  Yes  No Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Attach additional pages if more than one person):**

NAME (First/Last): \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK OR CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**Services Requested: Please check all that apply below:**

Respite Care: \_\_\_ Transportation: \_\_\_ Companionship: \_\_\_ PERS: \_\_\_ Homemaker: \_\_\_

**Suggested Donation: Donations are gratefully accepted, however service will not be denied because of inability to contribute. \$5 per trip for local rides \$10 for a round trip ride 50 miles or more \$5 per hour for Respite Care \$2 per hour for Homemaker Services** How did you hear about RSVP? \_\_\_\_\_

**Ethnicity:**

Hispanic or Latino  Non-Hispanic or Latino

**Race:**

White, Caucasian  Hispanic  Asian  
 American Indian/Alaskan Native  
 Black/African American  
 Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

If you do not speak English, what is your primary Language?  
\_\_\_\_\_

**Your Household Income Is: (Please answer BOTH!)**

BELOW POVERTY  ABOVE POVERTY

Based on 2020 Federal Poverty Guidelines:

1 Person \$12,880.00 (\$1073.34 per month)

2 People \$17,420.00

Each additional person add \$4,540.00

**Supplemental Social Security Income Level (SSI):**

BELOW 300% SSI  ABOVE 300% SSI

1 Person \$2,382 per month

Do you live alone?  Yes  No

Do you receive State Medicaid?  Yes  No

Female Head of Household?  Yes  No

Number of persons in household \_\_\_\_\_

Relationship to the client: \_\_\_\_\_

**Assistive Devices :**  Oxygen  Wheelchair  Walker  Cane

**PLEASE check areas of physical LIMITATION:**

Ambulation  Vision Hearing  Ability to stand Ability to grasp, bend, reach, lift  Ability to transfer  
 Ability to go outside the home without assistance

Client Name: \_\_\_\_\_

**Which of the following are you UNABLE to perform without assistance?**

None – I can perform these activities

**Activities of Daily Living (ADLs):**

- Eat    Walk    Get Dressed
- Bathe    Use the Bathroom
- Transfer In/or Out of a Bed/Chair

None – I can perform these activities

**Instrumental Activities of Daily Living (IADLs):**

- Prepare Meals    Shop    Use Telephone
- Take Medication    Light Housework    Heavy Housework
- Manage Money    Use Transportation Services

Medical diagnosis of client: \_\_\_\_\_

Recent hospitalizations and related reasons: \_\_\_\_\_

Physical impairments and severity of impairments: \_\_\_\_\_

Mental health conditions: \_\_\_\_\_

**Home Environment:**

**Pets:**  Yes  No   Type:  Dog    Cat    Other: \_\_\_\_\_

Are the interior/exterior doors, stairs, halls accessible?  Yes    No

Is the kitchen accessible and clear of fire hazards?  Yes    No

Is the refrigerator, oven, heating and plumbing working?  Yes    No

Are the electric outlets and controls accessible and clear?  Yes    No

Are the living and dining areas accessible and clear?  Yes    No

Is a telephone accessible?  Yes    No

Is there a fire extinguisher?  Yes    No   location: \_\_\_\_\_

Indicate any unsafe conditions: \_\_\_\_\_

**INSTRUCTION FOR THE VOLUNTEER (please complete if volunteer will be in client's home)**

Answer the door:  Yes  No   Answer the telephone:  Yes    No   Sign for deliveries:  Yes  No

**Pre-Service Survey (Please answer to the best of your ability)**

In general how would you describe your emotional well being?

- Excellent    Very Good    Good    Fair    Poor

During the past 3 months, how many times have you been able to attend to personal errands such as shopping, banking etc.?

- 0    1-2    3-4    5 or more

In the past 3 months have you felt isolated?

- Often    Sometimes    Never

I often feel stress over my situation

- Often    Sometimes    Never

**I have received the Notice of Privacy Practices:**    Yes    No

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

In order to continue receiving RSVP services, a new client registration and Notice of Privacy must be completed each year.

**RSVP does not discriminate with regards to race, color or national origin**



**NV Rural Counties RSVP  
SERVICE PLAN**

2621 Northgate Lane, Ste. 6  
Carson City, NV 89706

The Parties agree as follows:

1. Please briefly describe the services that you would like for our volunteer (s) to provide.  
(Please note that RSVP volunteers do not provide medical services. We are not able to provide toileting, bathing, lifting, or dispense medications. Volunteers are prohibited from smoking while providing service).
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Additionally, you may choose from the list below:

- |   |   |
|---|---|
| <input type="checkbox"/> Watch Television                   | <input type="checkbox"/> Grocery Shopping     |
| <input type="checkbox"/> Read to client                     | <input type="checkbox"/> Help with laundry    |
| <input type="checkbox"/> Use the Computer                   | <input type="checkbox"/> Running errands      |
| <input type="checkbox"/> Play board games or cards          | <input type="checkbox"/> Arts and crafts      |
| <input type="checkbox"/> Resistance Exercise Training Tapes | <input type="checkbox"/> Sorting through mail |
| <input type="checkbox"/> Interact by talking                | <input type="checkbox"/> Transportation       |

2. What days of the week and times would you like for a RSVP volunteer to provide service to you? Indicate specific days of the week with a check mark and times – circle am or pm.

*Example: Monday from: 10:00am to 3:00pm*

- |           |                   |                 |                         |
|-----------|-------------------|-----------------|-------------------------|
| Monday    | from: _____ am/pm | to: _____ am/pm |                         |
| Tuesday   | from: _____ am/pm | to: _____ am/pm |                         |
| Wednesday | from: _____ am/pm | to: _____ am/pm | Or _____ By Appointment |
| Thursday  | from: _____ am/pm | to: _____ am/pm |                         |
| Friday    | from: _____ am/pm | to: _____ am/pm |                         |
| Saturday  | from: _____ am/pm | to: _____ am/pm |                         |
| Sunday    | from: _____ am/pm | to: _____ am/pm |                         |

**Please Note:** If the condition of you or your loved one changes, or if the Service Plan needs to be revised, please notify RSVP immediately so that a reassessment and a new Service Plan may be established. Indicate by your signature that the activities and times listed above are agreed to by both parties and that you will inform us of any changes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of RSVP Representative

If you have questions, comments, or concerns please contact your local Field Representative or RSVP Office.