



Client Application

Personal Information:

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Home): _____ (Cell): _____

Email: _____ Date of Birth: _____

Preferred Contact Method: Phone _____ Email _____

How did you hear about the Shepherd's Center of Greater Tupelo?

Emergency Contact Information:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Physical Impairments: (i.e. the need for a walker, rollator, cane, walking assistance, etc.)

Are there any specific instructions for volunteers who will come to your home (such as places to park, doors to use, access codes, pets in the home, or other instructions)?

If a volunteer shows up for a scheduled appointment and there is no answer at your door, what would you like our volunteer to do?

Call the Emergency Contact listed

Contact someone who has access to the home:

Name: _____ Phone: _____

Living Arrangement:

Alone Assisted Living Family Nursing Home

Section 8/Low Income Housing

With which Race/Ethnicity do you most identify?

African American Caucasian Hispanic American Indian

Asian Native Hawaiian/Pacific Islander Other

**Email completed form to sctupelo@gmail.com or mail to:
Shepherd's Center of Greater Tupelo
P O Box 584
Tupelo, MS 38802**