



Senior Helping Hands

Prevention of Elder Abuse

Friends Volunteer Program

Thank you for your interest in our Senior Helping Hands program. Please complete the application below and return it to the address listed. Once we review the application, our office staff will call to schedule an intake meeting with you.

Senior Helping Hands is a program of Big Sky Senior Services, a private, nonprofit agency. We are a state licensed Home Health Agency. Our goal is to help seniors remain living independently in their own homes by providing respite care, homemaking, personal care and nursing services.

Eligibility for Senior Helping Hands program is as follows:

- Currently living in Yellowstone, Stillwater or Carbon County
- Must be at least 60 years of age
- Have a diagnosed chronic health problem which prevents or restricts the clients ability to perform chores or personal care
- Not eligible for similar public assistance programs
- Living independently (assisted living or retirement homes are not eligible for services)

For more information about our programs, you can visit our website at www.bigskyseniorservices.org.

We look forward to the opportunity to assist you in living independently in your home. Please feel free to call Pam or Mary at 259-3111 if you have any questions.

Denise Armstrong
Executive Director



3 1/2 North 35th Street
 Billings, MT 59101
 (406) 259-3111
 FAX (406) 259-5839

Date Received _____

Client ID _____

Applicant Information

Name: _____ Home Phone: _____
 (Last name, first name, middle initial)

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Referred to by: _____

Gender: MALE FEMALE Race/Ethnicity: Caucasian Native American Hispanic
 African American Hawaiian/Pacific Island Asian Other _____

Home Address: _____ Apt # _____ P.O. Box # _____

City: _____, Montana. Zip: _____ County: _____

Name of Spouse: _____ DOB ____/____/____ SS# _____ - _____ - _____

Primary Contact for Client information or questions about care

Name _____ Address _____ City _____ St. _____ Zip _____ Phone # _____

List someone not living with client, and if possible, someone who has a key, or access to home.

Emergency Contact Person #1: _____ Phone # _____
 (Relationship)

Address _____ City _____ St _____ Zip _____ Work # _____

Emergency Contact Person #2: _____ Phone # _____
 (Relationship)

Address _____ City _____ St _____ Zip _____ Work # _____

Household Information

Housing: Own Rent Type: Home Apartment Trailer Other _____

Please check all that apply	
<input type="checkbox"/> Elderly (over 62)	<input type="checkbox"/> 1 – 4 Members living in Household
<input type="checkbox"/> Female Head of Household (with dependents living in your home)	<input type="checkbox"/> 5+ Members living in Household
<input type="checkbox"/> Single	<input type="checkbox"/> Disabled
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> Veteran

List all persons living in your home and their relationship i.e., self, husband, son, daughter, grandchild, niece, nephew, renter, etc.

1. _____ Relationship: _____

2. _____ Relationship: _____

Please use back of sheet to list additional people.

Health Information

Physicians Name: _____ Phone # _____ - _____

Please list any additional physicians or specialists on the back

Pharmacy: _____

Other Specialists: _____ Phone # _____ - _____

Health Problems: _____

Is there a Providers Orders for Life-Sustaining Treatment (POLST) or Advanced Directive? YES NO

Where is the POLST or Advanced Directive located? _____

Check any programs you are currently enrolled in;

- Meals on Wheels Food Stamps LIEAP Medicaid
- Medicare Food Commodities Other _____

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY			
Charge for R.N./ Visit	\$ _____	Charge for CNA/ Visit	\$ _____
Charge for HMKR/ Visit	\$ _____	Charge for Respite Visit	\$ _____



Hours of services: Monday – Friday 8:30 to 4:30
Please check the type of service you are requesting and frequency.

Homemaking Services

(Cleaning supplies must be provided by client)

Homemaking services needed:

- Laundry, Vacuuming/Floors, Dusting, Bathroom, Meal Preparation, Grocery/Pharmacy Shopping, Kitchen/Dishes, Garbage

- Weekly, Every other week

Rate: \$18/hour* (1/2 hr minimum)

Certified Nurse Aid

Personal Care services needed:

- Bathing, Hair Care, Skin Care, Assistance w/ dressing, Range of Motion Exercise

- 1 X Week, 2 X Week

Rate: \$21/hour* (1/2 hr minimum)

Respite Care Services

Respite care is provided for caregivers of clients requiring supervision, including clients with Alzheimer's. Respite care is delivered by a Homemaker or CNA depending upon the skills required during respite services. The Homemaker or CNA may provide homemaking and/or personal care while in the home.

Respite care is scheduled weekly, not to exceed 2 hours per visit, or 4 hours per week

- Weekly, Every other week

Rate: \$18 - \$21/hour depending upon client care*

Registered Nurse

Registered Nurse services needed:

- Vital signs and brief review of systems, Medication set-ups / pre-filling of insulin syringes, Home safety and support systems assessment and client's physician is notified of services provided at no charge

Supervise and instruction of CNA's during bath to insure safety of client and staff per required through State Law.

- Weekly, Every other Week

Rate: \$30/hour billed in 15 min. time periods*

*Clients on a limited income with no assets may qualify for a cost sharing program which helps defray the hourly rate. For an application and more information contact our office.