



Indy Assists Program Application Community Services Department

- ▶ The following information will be given to residents requesting referrals.
- ▶ It is the resident's responsibility to contact the referral(s) and hire him/her.
- ▶ Financial arrangements are strictly between the resident and referral.
- ▶ The City of Independence is not responsible for conflicts between residents and referrals.

Name of Contractor/Volunteer: _____

Business Name (if applicable): _____

Phone: _____ Email/Website: _____

Is there a fee for your services? Yes No (Volunteer)

Check All Services Offered:

Adult Personal Care:

- Bathing
- Conversation
- Daily Living Assistance
- Dressing
- Errands
- Laundry
- Meal Preparation
- Personal Grooming
- Toileting

Childcare:

- Infants (0-18 months)
- Toddlers (18-36 months)
- Preschoolers (3-5 years)
- Elementary Age (6-10 years)
- Special Needs Children

Home Maintenance:

- Appliance Repair
- Carpentry
- Concrete
- Electrical
- Home Organization
- House Cleaning
- HVAC
- Painting/Staining
- Power Washing
- Plumbing
- Snow Plowing
- Snow Shoveling
- Other: _____

Homework/Tutoring:

Grades: _____
 Subject(s): _____

Pet Care:

- Dog Walking
- Pet Grooming
- Pet Sitting

Yard Work:

- Edging
- Gutter Cleaning
- Hedge Trimming
- Lawn Mowing
- Leaf Raking
- Tree Trimming
- Weeding
- Other: _____

Miscellaneous:

- Estate Sales
- House Sitting
- Technology Assistance
- Vehicle Detailing

Other: _____

REQUIRED: Briefly describe your background/experience: _____

Certifications (applicable to **Adult Personal Care** and **Childcare ONLY**):

- CPR
- First Aid
- LPN
- RN

Signature: _____ **Date:** _____

***** **STAFF USE ONLY** *****

Date Rcvd: _____ Staff: _____

Turn in to **Community Resource Manager**