

## Friend to Friend America - 2023 Request Form

**Instructions:** Please fill out and save this PDF form to your computer, attach and email the completed form to the email address below. You may also send the form to the address listed at the bottom of the form.

### Requester

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Resident: \_\_\_\_\_

### Resident

Resident Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M F  
Resident Currently Living: Nursing Home Adult Family Home Retirement Home

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Number / Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Has the facility been contacted to authorize FTFA visit? No Yes, Date \_\_\_\_\_

Facility Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does the resident have a guardian or power of attorney? Yes No

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What conditions, diagnoses or behaviors should Friend to Friend America be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

What does the resident need? What would the caller like Friend to Friend America to provide?  
\_\_\_\_\_  
\_\_\_\_\_

What hobbies, interests, or activities does the resident enjoy?  
\_\_\_\_\_  
\_\_\_\_\_