

## Friend to Friend America - 2020 Request Form

**Instructions:** Please fill out and save this PDF form to your computer. Attach and email the completed form to [volunteer@fffa.org](mailto:volunteer@fffa.org). You may also print and 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?  
\_\_\_\_\_  
\_\_\_\_\_