

Donor/Visitor Request Form

Good Samaritan Home & Care
 1000 South Virginia Street
 Reno, Nevada 89502
 Phone: (775) 784-1100
 Fax: (775) 784-1100

Client Information

Name: _____
 Address: _____
 Home Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

Client Goals

Client's Goal: _____
 Caregiver's Goal: _____

Client Details

Birth Date: _____ Sex: _____
 Height: _____
 Current Race: _____ Hair: _____
 Height: _____
 Transportation Method: Car No.

Assessment Information

Type of Room	Room Rate	
Single	\$1,100.00	
Double	\$1,200.00	
Suite	\$1,700.00	
City View Single	\$1,100.00	
City View Double	\$1,200.00	
City View Suite	\$1,700.00	

Method of Payment

Type of Health Care: _____
 Type: _____
 Method: _____
 Asset: _____
 Contributor's Name: _____
 Card Number: _____
 Expiration Date: _____