



LUTHERAN SOCIAL SERVICES  
OF NEVADA  
*Angels of Care - Home Care*

## Self Referral for Non-Medical Home Care Services

Thank you for considering Angels of Care- Home Care Service or Homemaker Services. Please fax the following information to us, email a scanned copy, or just give us a call. We will be happy to meet with you and your family members if appropriate, and explain our services, our fee structure, and to help prepare a plan of care which will meet your needs.

_____	_____		
First Name	Last name		
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone	Cell	Other	
_____	_____	_____	
Emergency Contact Name	Relationship	Phone No.	
_____	_____	_____	

### Service Needs:

- Personal Care Services
- Homemaker Services
- Companion/sitter Services
- Respite Services

### Areas of difficulty:

- Hearing  Speech  Vision  Mobility  Cognition  Other \_\_\_\_\_

### Special Needs:

- Special diet and /or Nutritional Needs \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Medication reminders
- Limited Ability to perform household chores (please list) \_\_\_\_\_

\_\_\_\_\_  
Signature of potential client/client representative

\_\_\_\_\_  
Date

**Fax to 702-639-1736**

Physical Address: 51 N. Pecos Suites 109-113 Las Vegas, NV 89101

Mailing Address: PO Box 2079 Las Vegas, NV 89125

Phone: 702-639-1730 Fax: 702-639-1736

Email: [Nicole@lssnv.org](mailto:Nicole@lssnv.org)

Website: [www.lssnv.org](http://www.lssnv.org)

“Expressing the love of Christ by serving and caring for people in need.”