

**Care Services**

| **Care Services** | Needed | Explain the need |
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| Peer Support (PTSD or Mental Health support) |  Please select |   |
| Transportation |  Please Select |   |
| Medication Management |  Please Select |   |
| Light cleaning |  Please Select |   |
| Companion (i.e. board games) |  Please Select |   |
| Meal Preparation |  Please Select |   |
| Grocery shopping |  Please Select |   |
| Personal services (i.e. set up an online service) |  Please Select |   |
| Memory Care |  Please Select |   |
| 24- hour Care |  Please Select |   |
| Community Support (i.e. socialization Gym activities) |  Please Select |   |