



Questionnaire/Brief Introduction

Your name: _____

Phone Number: _____

Relationship to the referred individual: _____

MOSAIC Recipient's Name (Who are you referring?): _____

Facility Name (if applicable): _____

Address: _____

Phone Number: _____

Does **this individual** have family or friends that live nearby? If so, please provide contact information:

Celebration Dates

What celebrations would you like MOSAIC to provide to the recipient (ex. Birthday, anniversary, holiday)? Please include the dates:

Background Information

Please circle and provide additional information as needed for special interests that **your loved one likes**.

Books

Craft items (ie. yarn, scrapbooking)

Magazines

Please specify: _____

Cards/Board Games

Puzzles/Word Finds/Crosswords

Pictures

Please specify: _____

Sports

Apparel (ie. slippers, socks, hats, pajamas)

Cars/Automobiles

Please specify: _____

Music

Beauty/Grooming Items (ie. hair clips, nail polish, combs)

Movies

Please specify: _____

Other: _____

Snacks (ie. Cupcakes, cookies, crackers, etc)

_____ Please specify: _____

Are there any things in particular **that this individual does** not like? _____

What are their favorite colors? _____

Diet restrictions: _____

Allergies (Lotions/Latex/etc.): _____

Additional Notes: _____

Thank You! Your help is greatly appreciated!