



**10688 Old St. Augustine Rd
 Jacksonville, FL 32257
 (904) 391-6600**

***Caring Connections*
 Telephone Reassurance Program
 Application for Services**

Name:			Date:		
Street:			Phone #:		
City, State:		Zip:	Birth date:	Current Age:	
E-Mail:			Marital Status:		
I identify my gender as: _____	Race	1. American Indian Islander	2. Asian /Pacific 3. Hispanic 4. Black, Not of Hispanic Orgin.	5. White	Disability (specify): _____
Living Arrangement: (i.e. lives alone, with family, etc.)		Primary Language:		Are You a Veteran? Yes No	
Interests and Hobbies- Past and Present					
Emergency Contacts					
In the event that the <i>Caring Connections</i> volunteer is unable to reach you after at least two attempts on the scheduled call day and is not able to reach you the following day, we highly recommend that you allow the volunteer or ElderSource staff to call a person(s) you designate. Ideally, the person should live near you and have a key to your home or apartment. If you do not answer, AND none of the persons listed below can be reached, local law enforcement personnel may be called to check on you.					
Name:			Name:		
Address:			Address:		

Email Address:		Email Address:	
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Relationship to participant:		Relationship to the participant:	
Do either of your emergency contacts have a key to your home? Yes No			
If yes, who?			
<p>I understand that the Contact Person information will be given to the <i>Caring Connections</i> Volunteer and ElderSource staff and that the volunteer and /or staff will contact the individuals listed above if needed. These individuals have been notified by me and agree to their inclusion on this list. I understand that I have requested that a <i>Caring Connections</i> volunteer call me at a pre-arranged time. I further understand that the <i>Caring Connections</i> program is a telephone reassurance program and is not a referral service, telemedicine provider or medical alert service. Further, if I am not going to be home to receive a call, I will inform the volunteer no later than the previous day or if unable to reach the volunteer I will call ElderSource at 391-6631. I also understand that there will be no charge for this service and that its success will depend on my cooperation.</p> <p>I have read and understand the details of the <i>Caring Connections</i> Telephone Reassurance Program and agree to the conditions of my participation.</p> <p>CLIENT SIGNATURE _____ DATE _____</p>			

<p>How were you referred to the <i>Caring Connections</i> Telephone Reassurance Program? Please provide the name, address and phone number of the referral source:</p>
<p>Telephone Reassurance Calls</p>
<ul style="list-style-type: none"> • Would you prefer calls daily? _____ 4 times a week? _____ 3 times a week? _____ 2 times a week? _____ 1 time a week?
<ul style="list-style-type: none"> • Do you have a preference of days of the week? Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ <p>*Be mindful of any regular appointments you might have that would affect your availability to receive calls on any particular days.</p>
<ul style="list-style-type: none"> • What is your time preference for calls? _____
<p>In requesting services from <i>Caring Connections</i>, I understand that a confidential file will be</p>

kept including this application and other written notes regarding my history or any emergencies that may occur. This record is confidential and will be seen only by the staff and designated volunteers, and will not be released without my consent. These services are voluntary and I may cancel at any time. This is a free social network and **ElderSource** will not be held liable for your safety and welfare.

Signature: _____

Date: _____

Comments:

Please use the envelope provided to return to:

ElderSource
Volunteer Coordinator
10688 Old St. Augustine Road
Jacksonville, FL 32257

Phone: (904) 391-6631

For ElderSource's Use only

Comments:

Reviewed and Approved: _____ Date: _____
ElderSource Volunteer Coordinator