Retired Senior Volunteer Program

811 W. Jericho Turnpike, Suite 103W, Smithtown, NY 11787
(631) 979-9490 Fax: (631) 979-9235
www.rsvpsuffolk.org www.facebook.com/rsvpsuffolk

RSVP is funded by the Corporation for National & Community Service and Suffolk County Office For the Aging

OFFICE: _____ **Smithtown** _____ **East Hampton**

TELEPHONE REASSURANCE

Client Enrollment Form

Date of Initial Call: _____ Enrollment Date: _____ Start Date: _____

Client's Name: _____ Phone: _____ M ____ F____

Address: _____ Town: _____ Zip: _____ Cross Street: _____

Date of Birth: _____ Current Age: _____ Marital Status: M ___ W ___ D ___ S ___

Referred By: _____ Phone: _____ Relationship: _____

Lives Alone: ___ Disabled:___ Frail: ___ Caucasian: ___ Black: ___ Hispanic: ___ Asian: ___ Native Am./Alaskan Nat. ___

What Language Does Client Speak: English: _____ Other (Please Specify) _____

Aide's Name: _____ Aide's Phone: _____ Agency Name & Phone: _____

Physician's Name: _____ Physician's Phone: _____

Special Health Conditions: _____

Living Arrangements: _____ Type of Residence: _____

Special Needs: _____

Does the client want information about any of the SCOFA Entitlement Programs (Medicare, Medicaid, SSI, HEAP, EPIC, Weatherization)? Yes ____ No ____

Other Relevant Information: _____

Emergency Contact Information **(One contact is required to be enrolled.)**

1. Relative Name: _____Phone: _____ Relationship: _____

   Address: _____

   Are they aware of client's enrollment in Telephone Reassurance? Yes: _____ No: _____

2. Other Contact: _____ Phone: _____ Relationship: _____

   Address: _____

   Are they aware of client's enrollment in Telephone Reassurance? Yes: ____ No: _____

Call To Be Made: Daily: _____ Mon. _____ Tues. _____ Wed. _____ Th. _____ Fri. _____

8:30 am _____ 10 am _____ 11 am _____