

Retired Senior Volunteer Program

811 W. Jericho Turnpike, Suite 103W, Smithtown, NY 11787
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AmeriCorps
Seniors

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

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: _____

Is the client on Medicare? (Y/N) _____ Medicaid? (Y/N): _____

Special Health Conditions: _____

Living Arrangements: _____ Type of Residence: _____

Hobbies/Interests: _____

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 needs to be listed for enrollment in the program):

Name: _____ Phone # _____

Relationship to client: _____

Day(s)/Time for the call (Client's Preference)

Daily: _____ Mon. _____ Tues. _____ Wed. _____ Th. _____ Fri. _____

8:30 am _____ 10 am _____ 11 am _____

(Rev. June 2023)

Please email completed form to dmerc@RSVPsuffolk.org or mail it to Debbie Mercer, RSVP Suffolk, 811 W Jericho Turnpike, Suite 103W, Smithtown, NY 11787