



Telephone Reassurance Program

Application

Date: _____

Referred by: _____

Name of Client: _____

Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Please check:

African American Asian Hispanic

American Indian Hawaiian/Pacific Island

White Other _____

Emergency Contact Plan of Action (POA)

List emergency contacts who are available and you have given consent to check on you. In the event the Telephone Reassurance Volunteers cannot reach you, these contacts will be called. If your emergency contacts cannot reach you, the Police will be asked to perform a wellness check.

Name _____

Address _____

Phone #1 _____ #2 _____

Email: _____

Relationship to you? _____

Does this contact have a key? Yes No

Name _____

Address _____

Phone #1 _____ #2 _____

Email: _____

Relationship to you? _____

Does this contact have a key? Yes No

Name _____

Address _____

Phone #1 _____ #2 _____

Email: _____

Relationship to you? _____

Does this contact have a key? Yes No

List Medical Issues & medications (including insulin):

Use oxygen? Yes No Live alone? Yes No

Use wheelchair/walker/cane? Yes No

Fan or air conditioner in house? Yes No

Do you drive a car? Yes No

If yes, where do you keep it parked?

If yes, what is license plate number?

Do you use an answering machine? Yes No

If you attend a senior activity center, which one?

Calls are made between 8:00 - 10:00 a.m.

Select the time your prefer to be called.

8:00 - 8:30 a.m.

9:00 - 9:30 a.m.

8:30 - 9:00 a.m.

9:30 - 10:00 a.m.

I agree to receive daily well-check calls and I understand that:

- I will receive a daily phone call from the Telephone Reassurance program.
- If my Telephone Reassurance Volunteer and my emergency contacts cannot reach me, the Police will perform a wellness check.
- I will interact with multiple volunteers, establishing a daily caring community connection and a safety check-in.
- Calls are made seven (7) days a week, including holidays.

Signature: _____ Date: _____

Please send completed applications to:

caregiver_support@aacounty.org

OR mail to:

Department of Aging & Disabilities

ATTN: Telephone Reassurance

7320 Ritchie Highway, Glen Burnie, MD 21061

The Department of Aging and Disabilities receives state and federal grants to support the programs that are offered. Collection of demographic information is done for grant reporting purposes. Individual names are NOT reported, only demographic fields. While providing this information is not required to register for the program, we would appreciate it if you would provide the information to help support the grant reporting process. All information provided is kept confidential.