

Enrollment Form

** indicates a required field*

Member Information

*** Tell us about yourself.**

Full Name

Date of Birth

Street Address

City

State

Zipcode

Email Address

*** Phone Numbers**

☒ Cell Phone

Cell Phone Number

☒ Home Phone

Home Phone Number

Service Information

Tell us about the service you are interested in.

Call Frequency (select one: 3 days, 5 days, 7 days)

Calls Per Day (select one: once or twice)

Call Day Preferences (select at least three days, and up to seven days)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Call Time Preference

Content of the Call (select at least one option, and up to four)

☒ Reminders

Example: Remind me to take my medication each week

☒ Safety Check

Example: Check on me when I am returning late from my book club.

☒ Friendly Chat

Example: A friendly hello would be nice mid week.

☒ Other

Example: I would like a combination of two of these.

Safety Check Procedure

*** What process should we follow if you do not answer the phone during your scheduled appointment? Please let us know if we should try again after a certain amount of time, if we should reach out to your emergency contacts, or some other process.**

Emergency Contacts

*** Please list at least one, and up to three, emergency contacts for yourself.**

Full Name 1

Address 1

Phone Number 1

Relationship 1

Do they have a key to your home?

Full Name 2

Address 2

Phone Number 2

Relationship 2

Do they have a key to your home?

Full Name 3

Address 3

Phone Number 3

Relationship 3

Do they have a key to your home?

*** Clicking this box indicates that you have provided accurate information and shall notify us of any changes. You also agree to notify us when you need to cancel or change your scheduled appointment. _____**

I consent to sharing information provided here.

Name

Date