Durham Center for Senior Life
DCSL
Healthy Active Independent

Telephone Reassurance Program

The program is offered by Durham Center for Senior Life to provide a peace of mind to seniors who live alone by receiving a morning safety-check phone call from trained volunteers.

To qualify for this program you must be:

- Currently 55+
- Durham County Resident
- Person who lives alone or Home-bound

To learn more about this program please contact the Support Services Coordinator, NaQuana Johnson at (919)-688-8247 EXT 104

www.DCSLNC.org • 406 Rigsbee Ave, Durham, NC 27701

DURHAM CENTER FOR SENIOR LIFE
406 Rigsbee Ave. Suite 202 Durham, NC 27701
Phone: (919) 688-8247
Email: info@dcslnc.org

Telephone Reassurance Call Application Form

First Name: _____

Last Name: _____

Date of Birth: _____ / _____ / _____ Sex: M ____ F ____

Address: _____

City / State / Zip: _____

Home Phone: _____

Additional Phone: _____

Email Address (Optional):_____

Race: _____

Do you live alone? (Please circle one): Y / N

Do you have a disability? (Please circle one): Y / N

If yes, please check the box next to the type of disability or disabilities that apply to you:

	Arthritis		Foot Problem		Lou Gehrig's Disease
	Artificial Eye		Hearing impaired		Lung Disease
	Asthma		Heart Condition		Osteoporosis
	Back Problems		Hip Replacement		Polio
	Bursitis		Hypertension		Reduced Extremities use
	Diabetic		Joint Degeneration		Stroke
	Emphysema		Leg Amputee		Thyroid Disease
	Epilepsy		Leg/Knee Problems		Visually Impaired

DURHAM CENTER FOR SENIOR LIFE
406 Rigsbee Ave. Suite 202 Durham, NC 27701
Phone: (919) 688-8247
Email: info@dcslnc.org

Are there any additional chronic illness or disabling condition(s) of which we should be aware? If yes, please list below.

_____

_____

Your primary physician's name: _____

Physician's phone number: _____

Hospital of preference: _____

We need 3 emergency contacts that can physically check on you (client) if you (client) cannot be reached by phone. Contact may include family, friend(s), or neighbor(s). Additionally, we must have the apartment manager's phone number when the client lives in an apartment.

If we cannot reach you (client), what would you like us to do? (Check one please)

___ Call again later the same day and, if still no answer, alert emergency contact

___ Call again the next day and, if still no answer, alert emergency contact

___ Take no additional action

Volunteers make calls only Monday through Friday

On which days would you like to be called? (Please circle):

Monday Tuesday Wednesday Thursday Friday

Please circle the best time of day to call: (we will do our best to accommodate this preference)

Morning | Afternoon | No Preference

DURHAM CENTER FOR SENIOR LIFE
406 Rigsbee Ave. Suite 202 Durham, NC 27701
Phone: (919) 688-8247
Email: info@dcslnc.org

First Emergency Contact:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Additional Phone: _____

Relationship to client: _____

Second Emergency Contact:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Additional Phone: _____

Relationship to client: _____

Third Emergency Contact:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Additional Phone: _____

Relationship to client: _____

DURHAM CENTER FOR SENIOR LIFE
406 Rigsbee Ave. Suite 202 Durham, NC 27701
Phone: (919) 688-8247
Email: info@dcslnc.org

Release of Information Agreement

By my signature below, I agree to the following terms of my participation in the Durham Center for Senior Life Telephone Reassurance Program and to the release of my personal information as indicated below:

- That client and emergency contact information will be given to the Telephone Reassurance Volunteer and Staff, and that the volunteer and / or staff my contact individuals listed above as needed.

- That the volunteer will call me at a pre-arranged time

- That if I am unavailable to receive the call, I will inform the volunteer no later than the previous call day, or I will call Durham Center for Senior Life at **919-688-8247 ext. 104** and leave a message for the Telephone Reassurance program staff regarding my unavailability to receive the call.

- That there will be no charge for the service, but that I do have the right to make a voluntary contribution to the Durham Center for Senior Life.

I have read and understand my rights and responsibilities as a participant in the Telephone Reassurance Program and agree to the condition of my participation.

I, _____, Hereby consent to the release of information, which may include my personal contact information, health information, and emergency contact information, to the following agencies and individuals for the purpose of providing Telephone Reassurance services, referrals, and emergency services and operations:

- My Emergency Contact listed above

- Durham Emergency Services

- Durham Center for Senior Life

- Family member's not listed above (specify):

DURHAM CENTER FOR SENIOR LIFE
406 Rigsbee Ave. Suite 202 Durham, NC 27701
Phone: (919) 688-8247
Email: info@dcslnc.org

Applicant's signature or signature of person filling out this form:
_____ Date: ____ /____ / ____

If you are not the applicant, what is your relationship to the applicant?

_____

Your name: _____ Phone Number: _____

Agency (if applicable): _____

OFFICE USE ONLY:

Date application received _____
Received by: _____
Staff signature: _____
Referral Source: _____