



Enrollment Form

Name _____

Telephone # _____ Date of Birth _____

Address _____ Apt # _____

City and State _____

Zip Code _____

HOUSING INFORMATION: I live in a House Apartment Duplex

What time would you like **CareRing** to call you? _____
(We make calls seven days a week)

It is very important for us to have the names of at least two friends or neighbors who are willing to check on you upon request if contacted by CareRing.

<p>Name _____</p> <p>Phone No. () _____</p> <p>Address _____</p> <p>Relationship _____</p> <p><u>Does this person have a key?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name _____</p> <p>Phone No. () _____</p> <p>Address _____</p> <p>Relationship _____</p> <p><u>Does this person have a key?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. Home () _____ Work () _____

HOME HEALTH CARE INFORMATION *Please complete if applicable*

Provider's Name _____ Phone No.() _____

Schedule of visits _____

MEDICAL INFORMATION:

Do you have any **medical conditions** we need to know about in the event of an emergency?

Yes

No

If Yes, please describe:

Medications

In the last 12 months, how many times have you Called 911 _____

Visited the ER _____

Been Hospitalized _____

Physician Name _____

Physician's Telephone No. _____

Hobbies or Special Interests

Is there anything **special** you would like us to know about you?

Do you drive? If so, please fill in the following: Year of car _____
Make & Model _____ Color _____ Tag # _____

Number of Pets in home: Dogs _____ Cats _____ Birds _____ Other _____

Name of Pet(s) _____

I understand it is my responsibility to inform **CareRing** at **(703)241-9501** prior to the scheduled telephone call if I will be unavailable to answer the phone (i.e., out of town, doctor's appointment, etc.)

I further agree to allow emergency personnel from my local jurisdiction to gain entry to my home to check on my welfare if circumstances require it. I agree to hold harmless **CareRing**, its agents and volunteers for any claims of negligence/gross negligence arriving from any program actions.

Signed _____

Date _____

CareRing is a free service offered by



Mailing Address
2503-D N. Harrison Street, #114
Arlington, VA 22207
www.crisislink.org
703-516-6770