



ENROLLMENT FORM

NAME _____	
TELEPHONE _____	DATE OF BIRTH _____
ADDRESS _____	APT # _____
CITY, STATE _____	ZIP _____
HOUSING INFORMATION: I live in a <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other	
<u>WE MAKE CALLS SEVEN DAYS A WEEK</u>	
What day(s) would you like to be called? <input type="checkbox"/> Every day	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
What time of day would you like to receive a call? _____ am _____ pm	
<u>IT IS IMPORTANT FOR YOU TO LET US KNOW EACH TIME YOU WILL NOT BE AVAILABLE FOR A SCHEDULED CALL.</u> <u>TO CANCEL A REGULAR CALL AT THE LAST MINUTE, CALL:</u> <u>703-241-9501</u>	
<ul style="list-style-type: none"> ▪ We make three attempts to reach you at the designated time. ▪ If you do not answer, we contact the people listed below to check on you. ▪ If the people below are not available, we ask the police to stop by to make sure you're safe. 	
<u>PLEASE LIST TWO PEOPLE WHO HAVE KEYS TO YOUR HOME AND WHO ARE WILLING TO CHECK ON YOU IF NECESSARY*</u>	
* Asking trusted people to check on you prevents awkward situations if you don't answer the scheduled call.	
Name _____ Phone Number _____ Address _____ Relationship _____ <i>Does this person have a key?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone Number _____ Address _____ Relationship _____ <i>Does this person have a key?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>EMERGENCY CONTACT</u>	
Name _____ Relationship _____	
Address _____	
Street	City
State	Zip
Telephone (Home) _____ (Work) _____ (Cell) _____	
<i>Does this person have a key?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. _____

HOME HEALTH CARE INFORMATION

Please complete if applicable

Provider's Name _____ Phone No. (____) _____

Schedule of visits _____

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 service offered by



Mailing Address
2503-D N. Harrison Street, #114
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