**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of people in** **household**: \_\_\_\_\_\_\_\_\_\_\_

 **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:**

 Male

 Female

 Transgender – Male

 Transgender – Female

 Transgender – Unspecified

 Gender-Non-Conforming

 Gender Fluid/Not Exclusively Male or Female

 Self-Describe:

**Race**: **Ethnicity**:

 American Indian/Alaskan Native  Hispanic or Latino

 Asian  Not Hispanic or Latino

 Black/African American

 Hispanic

 Native Hawaiian/Pacific Islander

 White (non-Hispanic)

**Marital Status**:

 Single  Married  Life Partner  Widowed  Divorced

**Income Status**:

If you are a 1 person household, is your income below $1,133/month? Yes No

If you are a 2 person household, is your income below $1,526/month? Yes No

**Continued on back…**

List any **medical/personal** information that is important to know about you: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(i.e. diabetic, hard of hearing)

**Local Emergency Contact**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Emergency Contact** (if applicable):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select the method of contact that best fits your needs:**

1. \_\_ I will call the Aging & Disability Resource Center (ADRC) by 10:00 am each business day. If I don’t call by the above time, they will call me.
2. \_\_ I would like the ADRC to call me by 10:00 am, each business day.
3. \_\_ I will email the ADRC every day by 10:00 am, each business day.

**No Response Action Plan**

If the ADRC is unable to contact me, my emergency contact person will be called. If they can’t be reached, I understand the ADRC will call the local police department to do a well person check. Signing below certifies I understand the policy of Tele-Assure.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_