



Tele-Assure
A friendly voice to brighten your day and reassure your well-being.

Name: _____

Address: _____ **City/Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Number of people in household: _____

Date of Birth: _____

Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic
- Native Hawaiian/Pacific Islander
- White (non-Hispanic)

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Marital Status:

- Single Married Life Partner Widowed Divorced

Income Status:

If you are a 1 person household, is your income below \$1,005/month? Yes No
If you are a 2 person household, is your income below \$1,353/month? Yes No

List any **medical/personal** information that is important to know about you: _____

_____ (i.e. diabetic, hard of hearing)

Continued on back...

Local Emergency Contact:

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, I would like:

1. My emergency contact person called. If they can't be reached, I understand the ADRC will call the local police department to do a well person check.
2. The local police/sheriff's department called to do a well person check.

Signature _____ Date _____