Dear Friend,

We are delighted you may be interested in our outreach companionship phone-calling program. Through TeleCare, our hope is to reach older adult participants who would enjoy a phone call several times a week for friendly companionship.

Please fill out the enclosed form so we can learn more about you and partner you with a new friend. Please keep in mind this is a free service and does not include any professional help or medical advice. We simply intend to match you with someone to chat with several times per week. Everybody needs a listening ear and friend to talk with often!

If you have any questions, please call VANTAGE at 330-253-4597 ext. 166.

Do not wait, fill out the form today and return it to us in the envelope provided!
RSVP TeleCare Intake Form

Name of Participant________________________________________Date___________________

Phone Number(s) Home_________________________________ Cell_______________________

Participant Address_____________________________________Apt. #______________________

City________________________________Zip Code_______________________BirthDate___________________

Do you live alone? Yes____________No____________ Name of Roommate/s_________________

Do you drive? Yes__________No_______ Do you own a car? Yes__________No_________

Do you have pets? Yes__________No_______ If yes, what kind?__________________________

Do you have someone who comes in to help you on a regular basis? Yes_______No_________

List of interests: __________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

People we are to contact in case of an emergency:

Name_____________________________Relationship________________________________

Phone Numbers: Home______________ Work_______________ Cell_____________________

Name_____________________________Relationship________________________________

Phone Numbers: Home______________ Work_______________ Cell_____________________
RSVP TeleCare will do its best to place you with a volunteer who can accommodate your schedule. How often would you like to receive a call and at what time?

2-3 Times/Week_________ Once/Week_______

Do you prefer receiving a call from a: Male____ or Female_______ No preference__________

How did you hear about the TeleCare program? "______________________________________________________________________________"

Are you a veteran? If so, in what armed forces did you serve? ___Yes, I am a veteran   ___No

______________________________________________________________________________

Do you have any disabilities? ________________________________________________________

Age or Date of Birth: ____________  Marital Status: ___Single  ___Married ___ Divorced ___Other

I understand that the contact person information will be given to the RSVP Volunteer and Staff and that the volunteer and/or staff will contact the individuals listed above if needed. These individuals have been notified by me and agree to their inclusion on this list. I understand that I have requested that an RSVP volunteer call me at a prearranged time. I further understand that the TeleCare program is a telephone reassurance program only and non-medical in nature. I also understand that there is no charge for this service.

I have read and understand the details of the RSVP TeleCare program and agree to the conditions of my participation.

Participant Signature__________________________________________________________