



## TeleCare Client Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list specific regular activities or commitments for our help in planning a call time, i.e., mealtime, medical or recreational. Callers' times are 9:30 am to 11:30 pm (Monday through Friday) – No calls on weekends or holidays.

What time would you like to be called? \_\_\_\_\_ When would you like us to begin our calls? \_\_\_\_\_

Please print the names of two persons whom we may contact in case the client cannot be reached. This should be someone who is usually in touch with you and/or who knows your whereabouts. For example, one might be a neighbor, and a second choice might be a friend or relative living near you.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relative ( ) Neighbor ( ) Friend ( )

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relative ( ) Neighbor ( ) Friend ( )

Special interests, hobbies, pets: \_\_\_\_\_

\_\_\_\_\_

Pertinent client information (i.e. poor hearing, walking difficulties, speech problems, etc.) \_\_\_\_\_

\_\_\_\_\_

Has the person to receive the calls agreed to TeleCare? Yes ( ) No ( )

Referred by: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2711 Buena Vista Avenue  
Walnut Creek, CA 94597

**Tel. (925) 934-0901**

**Fax (925) 934-4458**

**[www.assistanceleague.org/diablo-valley](http://www.assistanceleague.org/diablo-valley)**

**\*\* Please complete Waiver on the following page \*\***