

TELE-CARE APPLICATION

Send form to Attention of: Volunteer Services
611 Sherman Avenue East, Fort Atkinson, WI 53538-1998
Sponsored by Fort HealthCare Partners
Tele-Care Phone number: 920-568-5277

Name of applicant

Name of closest relative & how related

Street

Street

City

City

Phone number

Phone number

Applicant's birthday

Name of neighbor

Name of applicant's doctor

Address

Doctor's phone number

Neighbor's phone number

Instructions for entering my home in case of emergency:

Please list any chronic illnesses and any physical disabilities such as impaired eyesight or hearing, confined to wheelchair, diabetic, heart condition, etc... _____

How did you learn about Tele-Care?

Approximate time you would like to be called (**must be between 9:00 – 10:00 a.m.**) _____

Please place my name on your telephone-calling list. I understand that I will be called Monday - Friday between 9:00 - 10:00 a.m. I will notify the Tele-Care person or hospital if I will be gone. **(920-568-5277)** If no one answers when I am called, the volunteer will call my neighbor or nearest relative listed above. **If I cannot be reached, I give my permission to contact my neighbor, relative or the police if necessary. I understand that if necessary, my neighbor, relative and the police may need to enter my home. I understand that information about my health might be shared with my neighbor, relative or the police if necessary.**
I understand that there will be no charge for the Tele-Care service.

Date

Signature of applicant