



Telephone Reassurance Program Application

Name _____

Street Address _____

Brooklyn Hts., Ohio Zip Code _____

Home Phone (216) _____

Cell Phone () _____

Current Age _____ Birth Date _____

I prefer: Option One (call-in) _____

Option Two (wellness check) _____

Contact Information

1) Name _____

Relationship _____

Home Phone () _____ Other Phone () _____

2) Name _____

Relationship _____

Home Phone () _____ Other Phone () _____

3) Name _____

Relationship _____

Home Phone () _____ Other Phone () _____

Primary Physician _____

Office Phone () _____

Do you have a Knox Box on your door? Yes No Call Me

Do you have Health Watch installed? Yes No Call Me

Date Received _____ Service Begins _____