

TLC Telephone Reassurance Program

A Community Service of Eskaton

8525 Madison Avenue, Suite 150 Fair Oaks, CA 95628

Phone: (916) 334-1072

Toll-free 1-888-334-3490

Fax: (916) 331-2986

APPLICATION FOR SERVICES

Name:		Date:	
Street:		Phone #:	
City, State:	Zip:	Birth date:	Age:
E-Mail:		Marital Status:	
If applicable, list mobile home park or apartment complex name: Address: Name of Manager:			
Living Arrangement: (i.e. lives alone, with family, etc.)			
Primary Language:	Gender: M F	Ethnicity:	
Social Security Income:	SSI Income:	Total Monthly Income:	
Health Plan:	Are you a veteran? <input type="checkbox"/> yes <input type="checkbox"/> no		
Who is the physician you see most often? Please provide their name and phone number.			
Do you attend Adult Day Health Care? If so, what is their name and number?			
What is your primary hospital?			
Do you have Lifeline?	If yes, with which hospital or agency?		
Emergency Contacts			
Name:		Name:	
Address:		Address:	
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Relationship:		Relationship:	
Do either of your emergency contacts have a key to your home?			
If yes, who?			

PLEASE COMPLETE NEXT PAGE

How were you referred to the TLC Program? Please provide the name, address and phone number of the referral source:

Telephone Reassurance Calls

- Would you prefer calls daily? _____ 5-6 times a week? _____ 2-4 times a week? _____
- Calls are available between 8:00 a.m. to 2:00 p.m. daily.
- What is your time preference for calls? _____

What other agencies are providing you with services? (i.e. Meals On Wheels, IHSS)

1)

2)

3)

In requesting services from the TLC program, I understand that a confidential file will be kept including this application and other written notes regarding my history, health and general condition. This record is confidential and will be seen only by the staff and designated volunteers, and will not be released without my consent. These services are voluntary and I may cancel at any time. There is no cost for any services that The TLC program provides.

Signature:

Date:

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Release of Information

PARTICIPANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

BIRTH DATE: _____

In an effort to meet the needs of TLC Participants, it is sometimes necessary to contact and share information with other community services and agencies. This may include the disclosure of personal or confidential information. Sharing this information is intended to assist Participants of TLC.

_____ I authorize Eskaton's TLC Telephone Reassurance Program to obtain and/or disclose confidential information to/from other community social service agencies.

TLC Participant Signature

Date

or _____
Legal Representative

Relationship



PLEASE COMPLETE NEXT PAGE

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Welfare and Safety Check

In the event that we are not able to reach you by telephone within 24 hours of your scheduled call-time, TLC will call the emergency contacts listed on your application. If we are unable to reach them, we will then contact the local law enforcement and ask them to initiate a welfare and safety check. This means that the police will arrive at your home to make certain that you have not had an emergency.

Some participants do not wish us to notify the police until 48 hours have passed. What would you like?

If you cannot reach me by phone or my contacts, and I have not called to say I would be away, please initiate a welfare and safety check within:

_____ **24 hours**
_____ **48 hours**

Please note that if we have been unable to contact you for 48 hours, it is the TLC program policy to initiate a welfare and safety check by the local law enforcement.

NAME: _____
(Please Print)

SIGNATURE: _____ DATE: _____

