Riverdale Neighborhood House

Telephone Reassurance Program: Client Intake Form

Name: _____ Phone: _____

DOB: _____

Address: _____

City _____ State: _____ Zip Code: _____

Married ☐ Single ☐ Divorced ☐ Widowed ☐

Does the client live with someone: No ☐ Yes ☐

If yes, with whom? _____

Referral Information

Agency Name: _____

Contact Person: _____

Telephone Number: _____

Email: _____

Reason for referral: _____

_____

Does the client receive support from other agencies or a social worker? If so, please indicate which services the client receives and/or list the contact information for the social worker(s):

_____

_____

_____

_____

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Is the client enrolled with Meals on Wheels? No ☐ Yes ☐

If yes, please indicate with type the client is receiving : Fresh ☐ Frozen ☐ Agency ☐

Client Information

Briefly indicate what the client's history was in the past or if they are involved in volunteer activities presently: _____

_____

_____

What are the client's interests and/or hobbies? _____

_____

_____

_____

Religious Affiliations: _____

Preferred Language/Language Skills: _____

Are there any chronic or debilitating conditions? _____

_____

_____

Does the client have any special needs, such as a wheelchair, oxygen tank, blindness, etc.?

_____

_____

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Health Coverage

Is the client enrolled in the following: Medicaid ☐ Medicare ☐ Other: _____

Emergency Contacts (Relative, super, neighbor, etc.)

1. Name: _____

   Telephone Number: _____

   Alternative Number: _____

   Preferred Language: _____

   Relationship to client: _____

2. Name: _____

   Telephone Number: _____

   Alternative Number: _____

   Preferred Language: _____

   Relationship to client: _____

3. Name: _____

   Telephone Number: _____

   Alternative Number: _____

   Preferred Language: _____

   Relationship to client: _____

Calls are made between 10:00am and 3:00pm weekly, please indicate which days the client prefers:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐