



## Friendly Phones Program Client Assessment Form

Surname: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell/Home): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### **Backup Contacts:**

These are the first people we contact if we are unable to reach you. These people will be close by and have a key to your home.

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#### ***Backup Contact #1***

Name: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Additional Information: \_\_\_\_\_

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#### ***Backup Contact #2***

Name: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Additional Information: \_\_\_\_\_

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### **Client Information**

How is your general health?  Good  Fair  Poor

Any specific conditions or concerns?

\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies or interests?

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Are there any special considerations or additional information we should know? E.g., pets, live alone, etc.

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How would you like the office to communicate with you? Please check only one.

- I would like the office to phone me. Please circle your preferred time:  
9:00 - 9:30 a.m. or 9:30 - 10:00 a.m.
- I will leave a voicemail each day before 9:00 a.m.
- I will email the office each day before 9:00 a.m.

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Emergency Contact – This is the person we call if there is an emergency.

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Additional Information: \_\_\_\_\_

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By signing below,

- I acknowledge that staff and volunteers who contact me are not medically trained staff and cannot provide medical advice.
- I will not hold SCCPAS or any of its volunteers or staff liable for information discussed during contact.
- I will not hold SCCPAS or any of its volunteers or staff liable if there is a failure to contact me as agreed upon.
- I understand that my participation in the Friendly Phones Program is at the discretion of the South Cowichan Community Policing Advisory Society and participation can be terminated at any time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_