



COWICHAN
COMMUNITY SAFETY
& ENGAGEMENT

Friendly Phones Program Client Assessment Form

Date:	
Last Name:	
First Name:	
Phone (Home):	
Phone (Cell):	
Address:	
Email:	
Date of Birth	
Gender	

Client Information

How is your general health?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Any specific conditions or concerns?

What are your hobbies or interests?

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

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 below:
9:00-9:30 am or 9:30-10:00 am
- I will leave a voicemail each day before 9:00 am
- I will email the office each day before 9:00 am

Back up 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.

Back up Contact #1

Name:	
Preferred Phone:	
Address:	
Relationship to client:	
additional information:	

Back up Contact #2

Name:	
Preferred Phone:	
Address:	
Relationship to client:	
additional information:	

Emergency Contact Information

Name:	
Preferred Phone:	
Address:	
Relationship to client:	
additional information:	

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 CCP&ES or any of its volunteers or staff liable for information discussed during contact.
- I will not hold CCP&ES 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 Cowichan Community Safety & Engagement Society and participation can be terminated at any time

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____