



RSVP TeleCare Program

6 Court Street • Rutland • VT 05701 • 802-775-8220

RSVP TeleCare Client Intake Form

General Information

Name _____ Today's Date: _____

Phone Number(s): Home _____ Cell: _____ Male _____ Female _____

Do You Live Alone? Yes _____ No _____ If No, Who Do You Live With? _____

Address _____ Bldg. and/or Apt. # _____

City _____ Zip Code _____ Birth Date _____ Current Age _____

List 2 Major Cross Streets _____

Other Landmarks _____

Do You Drive? Yes _____ No _____ Do You Own a Car? Yes _____ No _____

Do You Have Pets? Yes _____ No _____ If Yes, What Kind? _____

Names _____ Are Your Pets OK/Friendly With Strangers? Yes _____ No _____

Do You Have Someone Who Comes In To Help You On A Regular Basis? Yes _____ No _____

If Yes, Please List Their **Names, Phone Numbers and Where They Are From** (Example, Visiting Nurses)

How Did You Hear About RSVP TeleCare? _____

I understand that RSVP TeleCare is a free service, volunteers will be making the calls and that service may be halted at any time for reasons such as violation of any of the conditions for participation, lack of volunteers, etc. Your signature below indicates an affirmative response.

SINGATURE OF Client _____ Date _____

RSVP TeleCare Client's Health Information

Client's Physical Condition:

Please List Any Health Conditions You Take Medications For _____

I Use (Please Check All That Apply) Walker ____ Wheelchair ____ Glasses ____ Contact Lenses ____

Hearing Aid ____ Dentures ____ Pace Maker ____ Oxygen ____ Other _____

Client's Primary Care Physician _____ Phone Number _____

Other Physicians Name _____ Phone Number _____

Name _____ Phone Number _____

INFORMATION RELEASE TO EMERGENCY PERSONNEL

In the event of an emergency, I give the RSVP Staff permission to release the medical information I have provided to them to emergency personnel.

SIGNATURE OF CLIENT _____

DATE _____

LIABILITY WAIVER STATEMENT

In consideration of your accepting my application to participate in the RSVP TeleCare Program I, _____, hereby for myself, my heirs, executors and administrators agree to save and hold harmless, release, discharge, and waiver all right and claims against RSVP, Rutland Community Programs, Community Care Network, their programs, employees, volunteers, representatives and all law enforcement and emergency personnel and persons named as contact persons by me and any and all sponsors and/or providers of liability or damages of any nature whatsoever, whether to person or property, including but not limited to the cost of the investigation, litigation, judgments, attorney fees and costs, arising out of my participation in the RSVP TeleCare Program. I further understand that any contact outside of the scheduled phone calls is not related to the RSVP TeleCare Program and is entirely at the discretion of the client and caller.

SIGNATURE OF CLIENT _____

DATE _____

CALL REQUEST INFORMATION

RSVP TeleCare will do it's best to place you with a volunteer who can accommodate your schedule:

How often would like to receive a call? Once a week _____ 2 times per week _____ 3 times per week _____

Please indicate what days and hours you would like to receive your call? _____

CONTACT PERSON(S)

In the event that the RSVP TeleCare volunteer is unable to reach you after at least two attempts 15 minutes apart and allowing the phone to ring 15 times, we highly recommend that you allow the volunteer or RSVP staff to call a person(s) you designate. Ideally, the person should live near you and have a key to your home or apartment. If you do not answer, AND none of the persons listed below can be reached, local law enforcement personnel may be called to check on you.

Contact Person(s):

1) **Name:** _____

Phone Number(s): Home _____ **Work** _____ **Cell** _____

Address: _____ **City:** _____ **Zip:** _____

Relationship to Client _____ **Keyholder? Yes** _____ **No** _____

2) **Name:** _____

Phone Number(s): Home _____ **Work** _____ **Cell** _____

Address: _____ **City:** _____ **Zip:** _____

Relationship to Client _____ **Keyholder? Yes** _____ **No** _____

3) **Name:** _____

Phone Number(s): Home _____ **Work** _____ **Cell** _____

Address: _____ **City:** _____ **Zip:** _____

Relationship to Client _____ **Keyholder? Yes** _____ **No** _____

I understand that the Contact Person information will be given to the RSVP TeleCare Volunteer and Staff and that the volunteer and/or staff will contact the individuals listed above if needed. These individuals have been notified by me and agree to their inclusion on this list. I understand that I have requested that an RSVP TeleCare volunteer call me at a pre-arranged time. I further understand that the RSVP TeleCare Program is a telephone reassurance program and is not a referral service, telemedicine provider or medical alert service. Further, if I am not going to be home to receive a call, I will inform the TeleCare volunteer no later than the previous day or if unable to reach the volunteer I will call the RSVP office at 802-775-8220. I also understand that there will be no charge for this service and that its success will depend on my cooperation. I have read and understand the details of the TeleCare Program and agree to the conditions of my participation.

CLIENT SIGNATURE _____ DATE _____