

RSVP CARING CALLS PROGRAM

Client Intake Form

Dear Friend,

We are delighted you may be interested in our outreach companionship phone-calling program. Through CARING CALLS, our hope is to reach older adult participants who would enjoy a phone call a couple of times a week for friendly companionship.

Please fill out the enclosed pages so we can learn more about you and partner you with a new friend. Please keep in mind this is a free service and does not include any professional help or medical advice. We simply intend to match you with someone to chat with a couple of times a week. Everybody needs a listening ear and friend to talk with.

What is RSVP CARING CALLS?

The RSVP CARING CALLS PROGRAM provides simple check-ins and friendly phone calls to seniors who are homebound, feeling lonely and/or isolated. This program targets individuals who are trying to remain independent. Volunteer callers will not provide financial advice, health care advice, legal advice or assistance with transportation/errands. They are simply calling to offer companionship and give seniors a sense of connectedness to the outside world and relieve feelings of isolation.

Who is eligible to be a CARING CALLS participant/client?

Individuals may self-refer or be referred by a caregiver, family member or service provider. The service is **FREE of charge**. This program is intended to serve seniors who are homebound, feeling lonely, isolated, living alone or otherwise need regular contact.

Don't wait, fill out pages 2 and 3 today and return to us at:

RSVP of the Capital Region, Inc.
c/o Caring Calls Program
50 Utley Drive, Suite 400
Camp Hill, PA 17011
717-541-9521
1-800-870-2616
www.rsvpcapreg.org
caringcalls@rsvpcapreg.org

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Name of Participant _____ Date _____

Preferred Phone number _____

Participant address _____

City _____ Zip Code _____

Email _____ Birth date _____

Do you live alone? Yes _____ No _____ Name of roommate/s _____

Do you drive? Yes _____ No _____ Do you have a medical alert button? Yes _____ No _____

Does someone help you on a regular basis? Yes _____ No _____

Do you have pets? Yes _____ No _____ If yes, what kind? _____

List of hobbies, interests and/or work experience: _____

People we are to contact in case of emergency:

Name _____ Relationship _____

Phone numbers: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Phone numbers: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Phone numbers: Home _____ Work _____ Cell _____

Please indicate if any emergency contacts have a key to your house _____

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The RSVP Caring Calls Program will do its best to place you with a volunteer who can accommodate your schedule. How often would you like to receive a call, and at what time?

2-3 times/week _____ Once/week _____

Time: Morning _____ Afternoon _____ Evening _____

Do you prefer receiving a call from a: Female _____ Male _____ No preference _____

Are you a veteran? If so, in what armed forces did you serve? Yes _____ No _____

What is your primary language? English _____ Spanish _____

Do you have any limitations that might impact the phone calls? _____

I understand that the emergency contact person information will be given to the RSVP Caring Calls volunteer and staff and that the volunteer and/or staff will contact the individuals listed on the previous page 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 volunteer call me at a prearranged time.

I understand that the RSVP CARING CALLS PROGRAM is not a referral service, financial or legal service, telemedicine provider, medical alert service, or transportation/errand service and at no time should I ask for services or medical or financial advice.

I understand that these calls are scheduled and at pre-arranged times as agreed upon by myself and the RSVP volunteer.

I am willing to call the volunteer caller if for any reason I will be away or unable to answer the telephone at the appointed time.

I understand that there is no charge for this service.

I have read and understand the details of the RSVP CARING CALLS PROGRAM and agree to the conditions of my participation.

Participant Signature and Date _____
(or assigned representative)

RSVP Signature and Date _____

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CLIENT RESPONSIBILITIES

***** Please keep this page for your records *****

1. Complete and sign Client Intake form (pages 2 and 3) and return to RSVP of the Capital Region via email at caringcalls@rsvpcapreg.org or:
RSVP of the Capital Region
c/o Caring Calls Program
50 Utley Drive
Suite 400
Camp Hill, PA 17011
2. Contact volunteer caller if you are not going to be at home at the appointed time of call.
3. I understand that the calls will be at a prearranged time and I am only to contact the volunteer caller if the call needs to be rescheduled.
4. Discuss the emergency procedures with your volunteer caller or RSVP Caring Calls coordinator that will be activated if they are confronted with an emergency situation.
5. I understand that the RSVP CARING CALLS PROGRAM is not a referral service, financial or legal service, telemedicine provider, medical alert service, or transportation/errand service and at no time should I ask for services or medical or financial advice.
6. There is NO fee involved for your participation in the RSVP CARING CALLS PROGRAM.

ENJOY THE VOLUNTEER CALLER!