

Enrollment Form

Client Information:

Name: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Phone #: (____) _____
Other Phone #: (____) _____
Date of Birth: ____/____/____
Last 4 digits of SS#: _____
Race: African American Hispanic or Latino American Indian/Alaskan Native Asian
White Native Hawaiian or other Pacific Islander Other Race
Monthly Income: _____
of People at Home: _____
Any Medical Conditions: _____

Service Information:

Type of Service: Reminder Security Monitoring Remembrance Program
Approximate Time for Phone Call Service(s):
1. _____ AM PM 2. _____ AM PM 3. _____ AM PM
4. _____ AM PM 5. _____ AM PM 6. _____ AM PM
Call Dialogue: _____

Emergency Contact Information:

Name:	1. _____	2. _____	3. _____
Address:	_____	_____	_____
Phone #:	(____) _____	(____) _____	(____) _____
Other #:	(____) _____	(____) _____	(____) _____
Relationship:	_____	_____	_____

Referred By:

Agency: _____
Name: _____
Address: _____
Phone #: (____) _____

I, _____, give _____, permission to provide
(Client Name) (Referred By Name)
House Calls, Ltd. the above information. House Calls, Ltd. will hold all information confidential and will not disclose information to outside parties.

Signature: _____

Please fax completed form to (775) 575-2727