



South Cowichan
COMMUNITY POLICING
Advisory Society

Friendly Phones Program Client Assessment Form

Date: _____

Last Name: _____

First Name: _____

Phone (cell): _____

Phone (home): _____

Address: _____

Email: _____

Date of Birth (m/d/y): _____

Gender: _____

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.

Backup Contact #1

Name: _____

Preferred Phone #: _____

Address: _____

Relationship to Client: _____

Additional Information: _____

Backup Contact #2

Name: _____

Preferred Phone #: _____

Address: _____

Relationship to Client: _____

Additional Information: _____

Client Information

How is your general health?

Good

Fair

Poor

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

Emergency Contact Information

This is the person we call if there is an emergency.

Name: _____ Preferred Phone #: _____

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 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 Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name: _____