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SOUTH COWICHAN
COMMUNITY SAFETY
& ENGAGEMENT

Friendly Phones Program Client Assessment Form

Date: _____

Last Name: _____ First Name: _____

Phone (cell): _____ Phone (home): _____

Address: _____

Email: _____

Date of Birth (mo./day/year): _____ Gender: _____

Contact Notes: include changes to regular contact info like a hospital stay, vacation, moving into assisted living or hospice, phone out of service, unable to reach, etc.

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?

Any other 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 #: _____

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

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____