

REASSURANCE CONTACT

Two types of programs

1. Friendly 5 minute call
2. Friendly 5 minute call with emergency back-up

Friendly 5 minute call

A trained CONTACT volunteer will make a daily call to the client at the agreed upon time of day. If the client does not answer on the first try, the CONTACT volunteer will wait 10 minutes and try again. If the client does not answer on the second try, the CONTACT volunteer will wait 10 minutes and try again. If the client still does not answer, a note will be made in the log and the client will be called the next day at the agreed upon time.

Friendly 5 minute call with emergency back-up

A trained CONTACT volunteer will make a daily call to the client at the agreed upon time of day. If the client does not answer on the first try, the CONTACT volunteer will wait 10 minutes and try again. If the client does not answer on the second try, the CONTACT volunteer will wait 10 minutes and try again.

If the client still does not answer, the CONTACT volunteer will call the first person listed on the application form to see if this person will check on the client. If the first person listed is unavailable, the CONTACT volunteer will call the second person listed on the application form to see if this person will check on the client.

If one of these two people does check on the client, it is up to that person to call emergency back-up if necessary.

If the CONTACT volunteer is unable to reach either of the persons listed on the client's form, the CONTACT volunteer will call the police to make a wellness check. CONTACT will give the police the client's address and some medical information, i.e. the client uses a walker, the client is hard of hearing, the client has diabetes, etc.

From that point on, the situation is being handled by the police and/or emergency personnel.

The client will assume all expenses that may be incurred from any emergency services.

CLIENT RESPONSIBILITIES:

Please be available at the agreed upon time – within a 15 time frame for emergency clients.

Please notify CONTACT at 584-4424 ahead of time if you will not be available at the agreed upon time.

If enrolled for the emergency back-up call service, you or your representative must supply names and phone numbers of two persons who would be willing to go to your home to check on your well-being and follow up with appropriate emergency responses if needed. You must also provide the phone number of a family member who will be notified by CONTACT in case of an emergency.

Please understand that this program is not designed to be a response to emergencies, except during the times specified for the emergency back-up Reassurance calls. If you need help, please do not wait for CONTACT to call.

Legal Responsibilities:

If you wish emergency back-up services, you must sign the “Authorization and Release”, and return the form to the CONTACT office.

Reassurance Client Information Sheet

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Apt. No. City State

Phone Number _____
(area code) (number)

Time To Call: _____ (must be between 8 AM and 9:30 PM)

Preferred Name: _____ Birthday: _____

Nearby person who would be glad, if asked, to check and see why client's telephone remains unanswered:

1. Name: _____ Phone: _____
Relationship _____ Address: _____

2. Name: _____ Phone: _____
Relationship _____ Address: _____

Persons to be notified in case of emergencies: (Should include family or relatives)

1. Name: _____ Phone: _____
Relationship _____ Address: _____

2. Name: _____ Phone: _____
Relationship _____ Address: _____

Medical Information:

Name of Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Medications: _____

Lifeline? _____ Home Health? _____

Health Considerations:

Other Information:

Telephone is located in: _____ Let Ring _____ times

Number of persons in household _____

Pets? _____ Names _____

Directions to Home Address:

Office Use:

Contract mailed on: _____ Returned on: _____

Begin Service on: _____ Service terminated on: _____

Reasons for termination: _____

Please return to:

CONTACT Helpline, Inc.

P. O. Box 4641

Oak Ridge, TN 37831-4641

Date: _____ Signature: _____

**AUTHORIZATION AND RELEASE
FOR EMERGENCY CLIENTS**

Recognizing the **CONTACT Reassurance Program** (hereafter referred to as CONTACT) is a good Samaritan, voluntary organization, I request enrollment into this program, grant authority for entry into my home and treatment for myself and certify that I am competent to grant this authority and make these releases and waivers with the understanding that CONTACT will do their best to make the contacts when scheduled. I promise to keep CONTACT informed of my current address and telephone number.

In the event I fail to answer when called under this program, I request CONTACT to notify those persons designated by me to enter my residence. Should those persons be unavailable, I authorize CONTACT to notify the area emergency system (911) and authorize emergency officials (fire, police or medical) to enter my residence, by force if necessary, to confirm my condition or render aid to me. I authorize medical treatment be performed upon myself at my own expense and I authorize my removal to a medical facility at my own expense at the discretion of the emergency personnel who are in attendance, if necessary. I agree that I will not hold CONTACT responsible for any injury or harm that may occur to me between calls.

I release and forever discharge CONTACT from all claims, damages or suits of any kind, civil or criminal for property damage which may arise under this program. This release includes but is not limited to: damage to the residence, trespass, intrusion or any right to quiet possession.

It is understood that this authorization and release from liability is binding upon me, my heirs and/or assignees, and the terms of this release are not a mere recital.

Client Signature _____ Date _____

Address _____

Phone _____