



DeWitt County

Are You OK?®

Telephone Reassurance Program

Service / ID #: TAKING THE FEAR OUT OF BEING ALONE

Are You OK?® Field Interview Form

Date Enrolled: Call Time: AM/PM AM/PM Home Phone #:

Cell Phone #: Answering Machine: YES NO

Subscriber Last Name: First Name: M.I.

DOB: Do you drive: YES NO

Vehicle Make: Model: Tag #:

Vehicle Make: Model: Tag #:

Street Address:

Apt Bldg Name: Apt #:

City: Zip:

Doctor's Name: Doctor's Phone #:

Clergy's Name: Clergy's Phone #:

Live Alone: YES NO

Co-Residents:

In Case of Emergency, Notify: ,

Street Address:

City: State: Zip:

Phone #'s:

Relationship:

Key Holder: YES NO

In Case of Emergency, Notify: ,

Street Address:

City: State: Zip:

Phone #'s:

Relationship:

Key Holder: YES NO

In Case of Emergency, Notify: ,

Street Address:

City: State: Zip:

Phone #'s:

Relationship:

Non-Family Caregiver: YES NO Name:

Phone #'s:

Next of Kin: ,

Street Address:

City: State: Zip:

Phone #'s:

Key on Premises: YES NO

Location of Key:

Keyless Entry: YES NO

Code:

Alarm System / Life Alert: YES NO

Name of Company:

Company Phone #:

File of Life: YES NO

Location:

If forced entry is required, where should entry be located:

Pets: YES NO

Type of Pet and Location in Residence:

Name and Location of someone to take care of animal in the event of an Emergency:

MEDICAL HISTORY

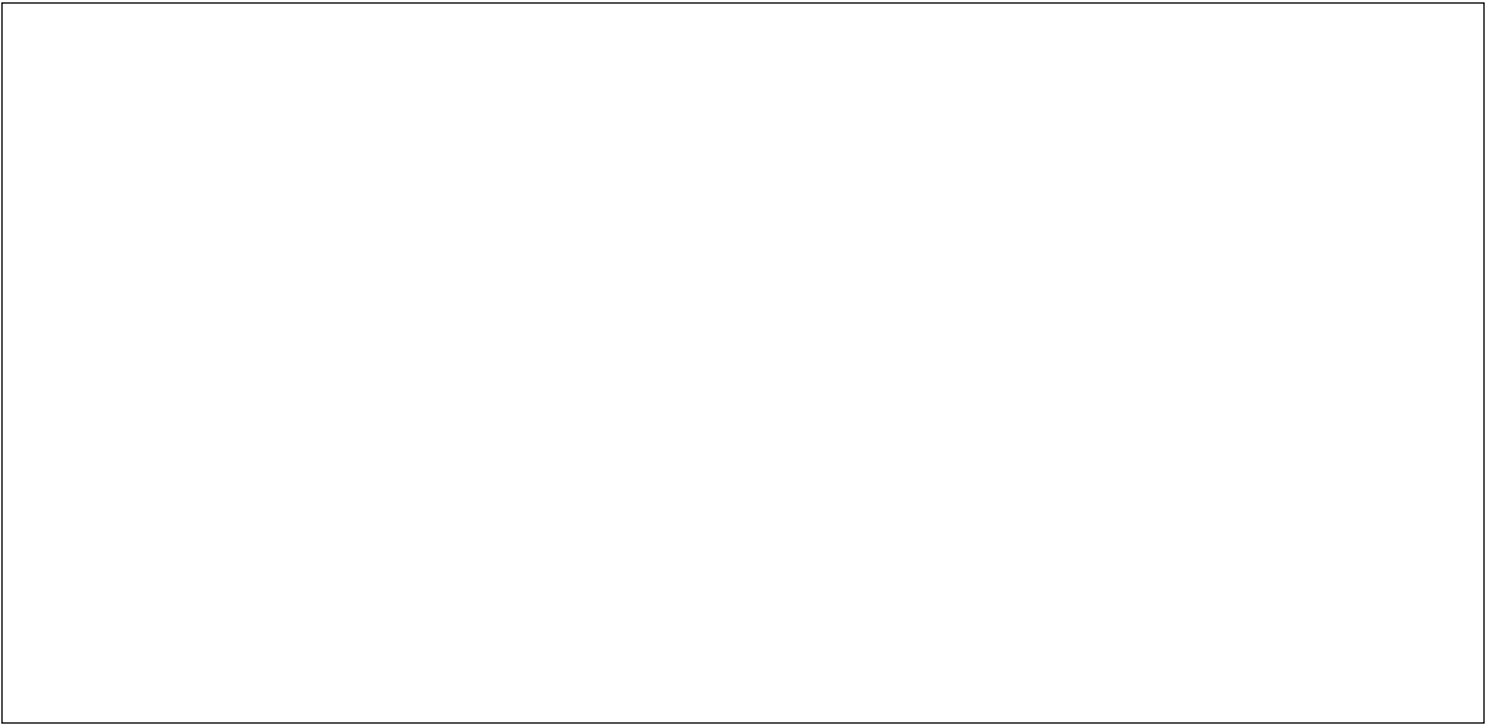
Able to Walk: YES NO

Walker: YES NO

Cane: YES NO

List Physical / Other Impairments:

Comments:

A large, empty rectangular box with a thin black border, intended for entering comments. It occupies the upper half of the page.