



TELE CARE is a free service of the Enloe Volunteers offered to people ages 60 and over who live alone in Chico. Please fill out the information below and return to Volunteer Services with the envelope provided.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Landlord's Phone \_\_\_\_\_

Do you have a specific disability, i.e. confined to a wheelchair, blindness, deafness, etc. If so, please describe the nature of the disability:

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Responders: Please list the names of **two** people *who live nearby* that can be contacted if we cannot reach you. If possible, list a neighbor, friend, or relative. Let them know that you have listed them as your TELECARE responder. *At least one of these people must have a key to your home for emergency access.*

Name #1 \_\_\_\_\_

Name #2 \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Has a key to your home? ( ) Yes ( ) No

Has a key to your home? ( ) Yes ( ) No

In the event that TELE CARE staff is unable to reach me or my listed responders by phone, I give my permission to the Chico Police Department or the Butte County Sheriff Department to enter my home by methods they deem necessary. I will not hold Enloe Medical Center, Chico Police Department, or the Butte County Sheriff Department responsible for any damage done while gaining entrance to my home.

Signed \_\_\_\_\_ Date \_\_\_\_\_

