FRANKE TOBEY JONES
POINT DEFIANCE~RUSTON SENIOR CENTER

PROGRAM EMERGENCY CONTACT INFORMATION

Office Use Only
Date Completed: _____
Input into database: _____

Participant

Name: _____ ☐ Male ☐ Female Date of Birth _____
Home Phone: _____ Cell Phone: _____
Address: _____ Zip Code: _____
Email Address: _____ ☐ Living Alone

Emergency Contact

Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____ Email Address: _____

Demographics *(Information needed for granting purposes.)*

Ethnicity: ☐ White ☐ African American ☐ Hispanic ☐ Asian ☐ Russian ☐ Pacific Islander
☐ American Indian/Alaskan Native ☐ Other _____

Annual Income: ☐ Under $12,491 ☐ $12,492-16,910 ☐ $16,911-21,330 ☐ $21,331-25,750
☐ $25,751-30,170 ☐ $30,171-34,590 ☐ $34,591-39,010 ☐ Over $39,011

Hobbies, Interests & Favorites

Please share what interests and/or hobbies you have as well as your favorite songs, movies and plays.

_____

Would you consider volunteering? ☐ Yes ☐ No

Medical Emergency Information

Allergies: _____

Medical Condition(s)	Medication(s)
_____	_____
_____	_____
_____	_____
_____	_____

Primary Physician: _____ **Telephone:** _____

Pharmacy (where prescriptions are located): _____

Pharmacy address: _____ **Telephone:** _____

Treatment Exclusions

Is there a medical reason that would preclude you from receiving medical assistance? ☐ Yes ☐ No
If yes, please explain: _____

_____**(Initial) PLEASE NOTE:** *Should an incident occur and you need medical assistance, we are required to provide medical help to the extent of our training. If you do not want to be resuscitated, we must have a POLST or copy of a living will on file.*