What is Telephone Reassurance?

The Telephone Reassurance program is a free service provided by the Department of Aging and Disabilities to residents of Anne Arundel County. Volunteers place daily phone calls to older adults and individuals with disabilities to help them remain independent in their home for as long as possible. Older adults and individuals with disabilities can expect a friendly phone call at the same time every day of the year. Family members have the reassurance that their loved ones are in daily contact with a Department of Aging and Disabilities volunteer. The program helps individuals maintain their independence, reduces isolation, and helps them feel safer in their homes and more connected to their community.

Volunteers make it work!

If you would like to learn about becoming a Telephone Reassurance volunteer, call us at (410) 222-4375.

Telephone Reassurance Program

Department of Aging and Disabilities
Pamela Jordan, Director
Heritage Office Complex
2666 Riva Road, Suite 400
Annapolis, Maryland 21401

North County Office
7320 Ritchie Highway
Glen Burnie, MD 21061

Phone: 410-222-4257
Fax: 410-222-7015
www.aacounty.org/Aging

Additional Department of Aging & Disabilities Programs:
- Information & Assistance (I&A)
- Adult Evaluation & Review Service (AERS)
- Adult Public Guardianship
- Americans with Disabilities Act Office
- Assisted Living Facilities Program
- Evidence-Based programs
- Long Term Care Bureau
- National Family Caregiver Support Program (NFCSP)
- Nutrition
- Ombudsman Program
- Respite Care Referral Program
- Senior Activity Centers and Nutrition Sites
- Senior Center Plus
- State Health Insurance Program (SHIP) and Senior Medicare Patrol (SMP)
- Volunteer Programs.

For office use only:

Special Instructions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Telephone Reassurance Program Application

Date ______/_____/_____
Referred by: __________________________

Name of Client __________________________
D.O.B. ______/_____/_____
Address ________________________________
City _______________ Zip Code ___________
Cross Street(s) ________________________
Phone ________________________________

Use oxygen? Yes □ No □
Live alone? Yes □ No □
Use wheelchair/walker/cane? Yes □ No □
Fan or air conditioner in house? Yes □ No □
Do you drive a car? Yes □ No □
If yes, where do you keep it parked?
__________________________________________________________________________
If yes, what is license plate number?
__________________________________________________________________________
Do you use an answering machine?
Yes □ No □
If you attend a Senior Center, which one?
__________________________________________________________________________

Demographics (please check)
African American ( ) Asian ( ) Hispanic ( )
American Indian ( ) Hawaiian/Pacific Island ( )
White ( ) Other __________________________

The following people have agreed to be called in the event the Telephone Reassurance Volunteers cannot reach me. Please list emergency contacts who are available to check on you if needed.

1. Name ____________________________________
   Address __________________________________
   Phone #1 ________________ Phone #2 __________
   Relationship to you? ________________________
   Does this contact have a key? Yes □ No □

2. Name ____________________________________
   Address __________________________________
   Phone #1 ________________ Phone #2 __________
   Relationship to you? ________________________
   Does this contact have a key? Yes □ No □

3. Name ____________________________________
   Address __________________________________
   Phone #1 ________________ Phone #2 __________
   Relationship to you? ________________________
   Does this contact have a key? Yes □ No □

   ************************************************************************************
   List Medical problems & medications (including insulin):
   _________________________________________________________________________
   _________________________________________________________________________

Telephone Reassurance calls
   Are made between
   8:00 a.m.—10:00 a.m.

Specify the block of time you prefer to be called:
8:00—8:30 a.m. ( )
8:30—9:00 a.m. ( )
9:00—9:30 a.m. ( )
9:30—10:00 a.m. ( )

Waiver of Property Damage

I hereby authorize any City, County, State Police, Paramedical, Fire, or ambulance unit to forcibly enter my home as listed in this application in the event there is reasonable cause to suspect that I am in need of immediate medical assistance. I agree to hold the City, County and State, together with its agents and employees, harmless or any damage to my property, both personal and real, resulting from said forcible entry.

Signature: ______________________________
Date: __________________________________

Mail completed application to:
Department of Aging & Disabilities
ATTN: Telephone Reassurance
7320 Ritchie Highway
Glen Burnie, MD 21060