



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

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.

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



**DEPARTMENT OF AGING AND
 DISABILITIES**

410-222-4257

*Providing Support
 to Older Adults,
 Individuals with
 Disabilities, and
 Caregivers*

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 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