



County Executive  
Steve Schuh

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:

---



---



---

## 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**  
**410-222-4257**

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

# 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