

Administrative Offices
2729 8th Avenue
Altoona, PA 16602



Helpline: (814) 946-9050
Office: (814) 946-0531
www.contactaltoona.com

--Reassurance Program Client Intake Form--

Name: _____ Date: _____

BSU # _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Referred by: _____
(Include agency name if applicable)

Address: _____ Apt or Suite # _____

City, State, Zip Code: _____

Phone Number: _____ Reason for Call: _____

Time(s) to Call: _____ If unable to reach, it is okay to leave a message (with no
call to emergency contacts): Yes No

Emergency Contacts:

1. _____
Name Relation Phone Number

Address City, State, Zip Code

2. _____
Name Relation Phone Number

Address City, State, Zip Code

3. _____
Name Relation Phone Number

Address City, State, Zip Code

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Gender: Male
 Female

Citizenship: US Citizen (01) Refugee (04)
 Permanent Alien (02) Illegal Alien (05)
 Temporary Alien (03) Refugee Unaccompanied Minor (06)

Race: Black or African American (01) Other (05)
 American Indian or Alaskan (02) Hawaiian or Pacific Islander (06)
 Asian (03) Unknown (07)
 White (04)

Ethnicity: Non-Hispanic (01)
 Hispanic (02)

Veteran Status: Non-Veteran (01) Active Military (03)
 Veteran (02) National Guard or Reserve (04)

Race: Never Married (01) Divorced (05)
 Married Living w/ Spouse (02) Widow/Widower (06)
 Common Law Relationship (03) Divorced Receiving Support (07)
 Separated (04)

--For Office Use Only--

Date Received: _____ Received By: _____
Date Entered: _____ Entered By: _____

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Authorization and Release

The goal of the CONTACT Altoona Reassurance Program is to promote the general welfare and safety of its clients. The success of this goal sometimes depends on the ability to enter the homes of people who may be in need of immediate medical aid.

In the event of an emergency, I hereby request CONTACT Altoona to notify the back-up people, designated by me, to enter my residence. Should those people be unavailable, I agree that CONTACT shall notify and request the police to enter my residence by force if necessary to aid me in what appears to be an emergency situation.

I release and forever discharge CONTACT Altoona, and/or its agents, from all claims, damages, actions, causes of action, or suits at law or in equity, of whatsoever kind or nature, for or because of any matter or thing suffered to be done by the said CONTACT Altoona after and including the date hereof, on account of all injuries to property resulting from such breaking and entering.

I have also been advised that CONTACT Altoona will do their best to make the calls daily. They have also advised me that they might not be able to have someone call every day and that it is possible that more than 24 hours can pass between telephone calls.

It is understood that this authorization and release from liability is binding upon me, my heirs and/or assignees, and the terms of this release are understood by me.

Client Signature _____ Date: _____

Witness _____ Date: _____